

Name
in
Full

Elizabeth Amrhein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1905	Month Nov.	Day 2nd	Years Age 53	Months	Days
Sex	Female		Color or Race	White		
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Joseph Amrhein		
Father's Name	Caspar Fischer		Father's Birthplace	Germany		
Mother's Maiden Name	Catherine Geer		Mother's Birthplace	Germany		
Name of person giving information	Bernard Amrhein		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unravasthina

How long

17 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Joseph Amrhein, MD
1108 Charles St

Accident or Suicide?

No

Sacred Heart Cemetery

Nov. 6th 1905

Germans France

Under later

Name
in
Full

Nicholas Bartice

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Hamilton		Baltimore			
Date of death	190	Month Nov.	Day 2	Age	Years 69	Months —
Sex	Male	Color or Race	white	Birth-place	Portugal	
Occupation	Servant			Where Residing if not at place of death	—	
Married, Single or Widowed	single	Name of Wife or Husband		—		
Father's Name	John Kinnin			Father's Birthplace	—	
Mother's Maiden Name	" "			Mother's Birthplace	—	
Name of person giving information	Mrs. Kilchenstein			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Mitral regurgitation	How long	—
	Immediate	Mitral regurgitation	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	George G. Long, M.D.	
		Address	Hamilton, Md	
Accident or Suicide?				

Holy Cross.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James B. Bates

CERTIFICATE OF DEATH

MARYLAND

Died at Mt. Hope Retreat

Town County
Baltimore Co

Date of death 1905 Month Nov Day 29

Age 46 Years

Months — Days —

Sex Male

Color or Race

White

Birth-place

Baltimore Md -

Occupation Contractor

Where Residing if not
at place of death

Baltimore Md -

Married, Single
or Widowed

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

Recd Mt. Hope Retreat

How related
to deceased

Not at all

CAUSES OF DEATH

Primary

Mania - Post Paralysis

How long

abt 11 mos -

Immediate

Ex Cerebral Convol. - Convulsions

How long

12 hrs -

Are the name, age, sex, color, date
and place correctly given above

yes

Signature of
Physician

Address

Frank J. Flannery

Mt. Hope Retreat

Baltimore Co Md -

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

marie Becker

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1905	Month Nov.	Day 3	Years	Months	Days	
Sex Female	Color or Race	Age		Birthplace		
Married, Single or Widowed	Occupation	Single				
Name of Wife or Husband	<u>Henry Becker</u>					
Father's Name	Henry Becker					Father's Birthplace
Mother's Maiden Name	<u>Jennie Meining</u>					Mother's Birthplace
Name of person giving information	<u>Henry Becker</u>					How related to deceased
CAUSES OF DEATH						
Primary	<u>Indigestion</u>					How long
Immediate	<u>1</u>					How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J T Spuckmire
14th Patterson Place

Accident or Suicide?

D. McAvoy.
Spicknall.

~~1068~~ W

1605

Name
in
Full

David E. Beehler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Not Home

Town

County

Baltw.

MARYLAND

Date
of death

190

Month

Nov

Day

22

Years

69

Months

-

Days

-

Sex

Male

Color or
Race

White

Birth-
place

Baltw. Md.

Occupation

Clerk

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Chronic Epileptic Mania

How long

20 yrs

Immediate

Epileptic Spasm

How long

Few moments

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

C. B. Busch M.D.

Address

Not Home
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

No



Name
in
Full

Arthur E. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Arlington</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND	
Date of death 1905	Month <u>Nov</u>	Day <u>8</u>	Age <u>67</u>	Years	Months
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ohio</u>	Days		
Married, Single or Widowed <u>Single</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband <u> </u>					
Father's Name <u>unknown</u>	Father's Birthplace <u> </u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u> </u>				
Name of person giving Information <u>Dan Scott</u>	How related to deceased <u>wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

~~Exposure~~ ~~Shoplif~~ 64

How long Years

Immediate

8 hrs-

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edwin E. Jones
Arlington Md

Accident or Suicide?



National Cemetery

Baltimore Md.

Stewart & Mowers

215 Park Ave

Baltimore Md.

Name
in
Full

George M. Bokée

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MUNICIPALITY	
Date of death	Month	Day	Age	Years	Munich	Days
1905	11	2	74	74	1	28
Sex	Male	Color or Race	White	Birth-place	Baltimore	
Occupation	Retired Merchant					
Married, Single or Widowed	Name or Wife or Husband		Dame E. Gates			
Father's Name	John Bokée		Baltimore			
Mother's Maiden Name	Mary D. Pass		Baltimore			
Name of person giving information	Ellie Stewart		Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drunkard

106

How long

12 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. G. Gafford, Jr.
810 E. City.

Accident or Suicide?



Name
in
Full

Margaret Bonnme

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
1905	Yeadon St Dennis	Baltimore		7	4	Days
Date of death	Month	Day	Year	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Baltimore	
Occupation	none	Where Residing if not at place of death			Bentalon St	
Married, Single or Widowed	Name of Wife or Husband	Paul J. Bonnme				
Father's Name	Henry Fink				Germany	
Mother's Maiden Name	Elizabeth —				Germany	
Name of person giving information	Elizabeth Kaufman				daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Atrial Regurgitation		How long
Immediate	Congestion of Lungs		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. Moloney
		Address	110 S. Gilmore St.
Accident or Suicide?			

Goudon Park
Jos B. Cook

Name
in
Full

Vernon Baynes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month Nov	Day 27	Years	Months	Days 15
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	—	Name or Wife or Husband	Jacob Baynes			
Father's Name	Catherine White					
Mother's Maiden Name	Catherine White					
Name of person giving information	Jacob Baynes					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Infantile convulsions

How long

One week

Immediate

Asphyxia

How long

24 hrs

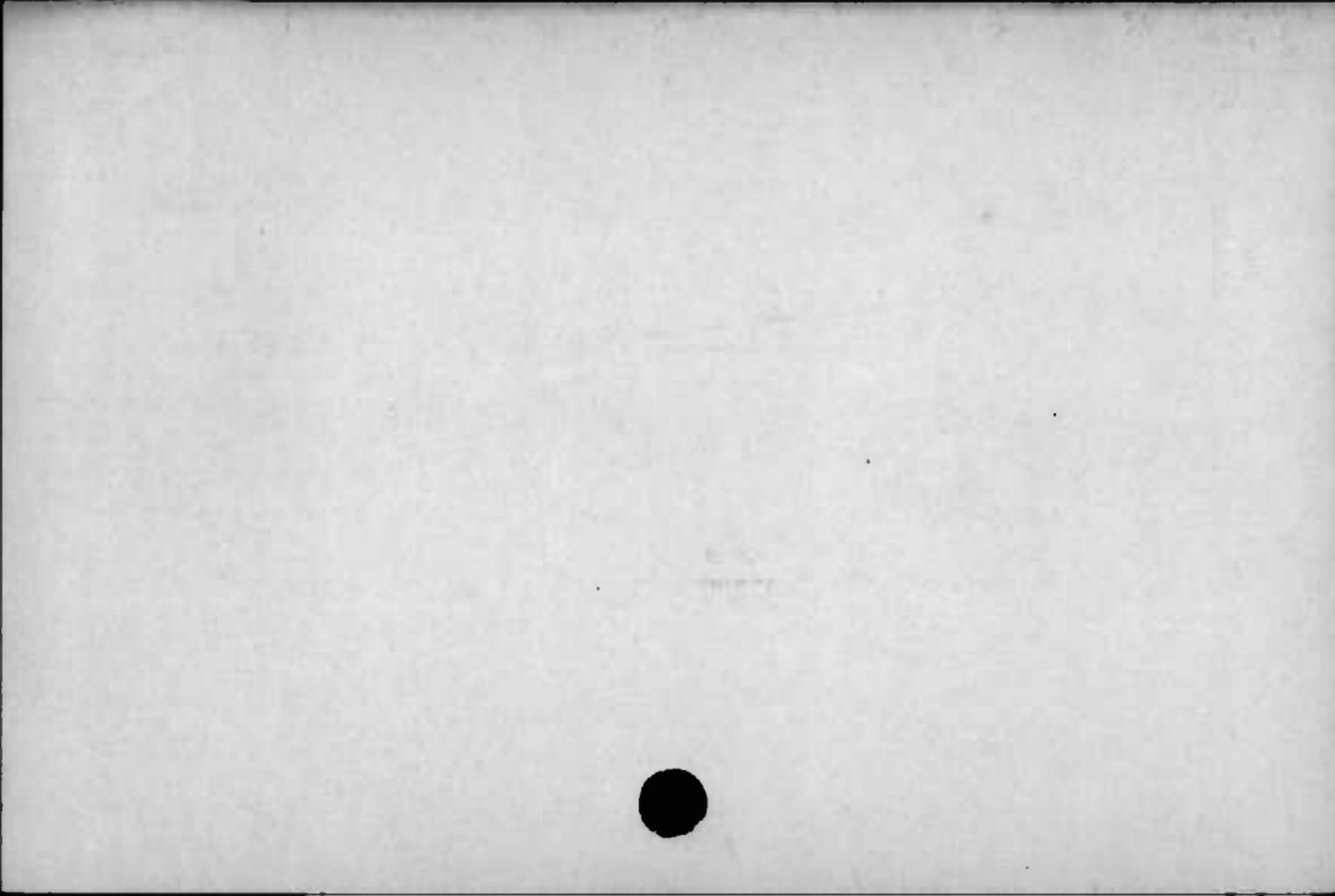
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John L. Hammond
3rd and Reade

Accident or Suicide?



Name
in
Full

Anna Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Nathan Brown		Father's Birthplace	Md	
Mother's Maiden Name	Anna Francis S.		Mother's Birthplace	Md	
Name of person giving information	Wallie Brown		How related to deceased	Father	

#6824

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still birth S.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. Gibson Porter
Roland Park Md

Accident or Suicide?

Five Hours L Sherwood

Nov 28-05 Balto Co. Md

A. S. Marshall
3539 Falls Road

Name
in
Full

Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Munths	Days	
Sex	Color or Race		Age	Birthplace		
Occupation	Where Residing if not at place of death		B asley, Balto. Co.			
Married, Single or Widowed	Name of Wife or Husband	Jennie M. Brown				
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

1905 11 24 38 England

Male White

Hotel Sleeper

Widower

Urban G. Singer

Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	about 24 days
Immediate	Peritonitis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B. F. Birney M. D.
			Address	Taylor, Md.
Accident or Suicide?				

Thomas Brown

John Burns Son

Opposite Hill

Fawcett

Name
in
Full

Mrs. Mollie Buckley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at St. Agnes Hospital	Baltimore				
Date of death 1908	Month 11	Day 23	Years 27	Months	Days
Sex Female	Color or Race White	Birth-place America			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband James Buckley				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Multiple Neuritis* 14 How long
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

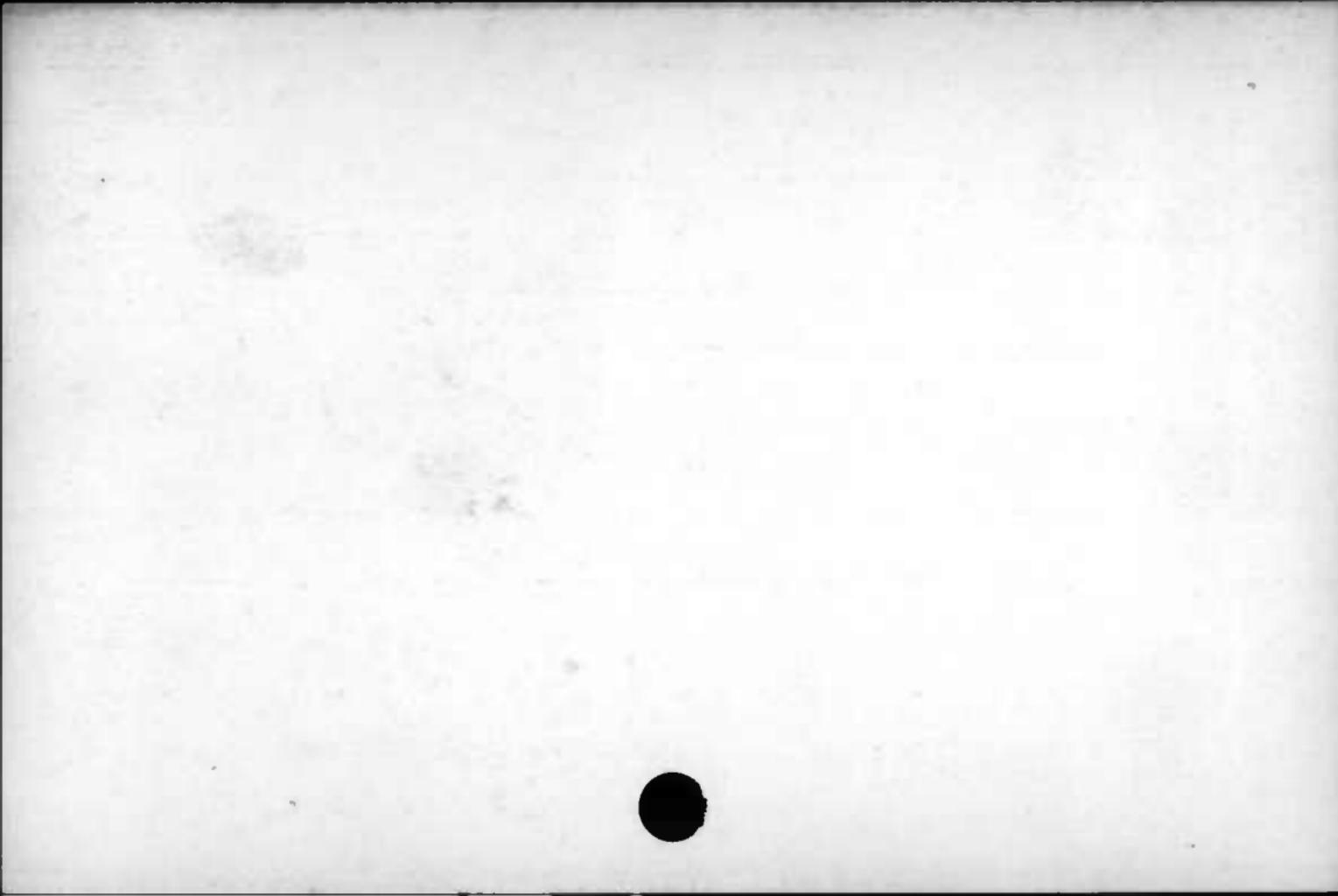
Yes

Signature of Physician

Address

Frank Worsey M.D.
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jos. J. Carey -				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death		Month	Day	Age	Years	Months	Days
1903 Nov		12 th		33			
Sex	Male	Color or Race	White	Unknown unknown			
Occupation	Blacksmith	Where Residing not at place of death			Baltimore -		
Married, Single or Widowed	Single	Name of Wife or Husband			Baltimore City		
Father's Name	Jno. J. Carey -	168			Island -		
Mother's Maiden Name	unknown				"		
Name of person giving information	Records of M. H. H. H.				Not at all		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Mania -		How long	Not known here -
Immediate	Wemic Coma & Convulsions		How long	5 or 6 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Frank J. Flannery
			Address	Moat House Retreat Baltimore Md.
Accident or Suicide?				



Name
in
Full

Josephine V. Kennedy
Olea

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

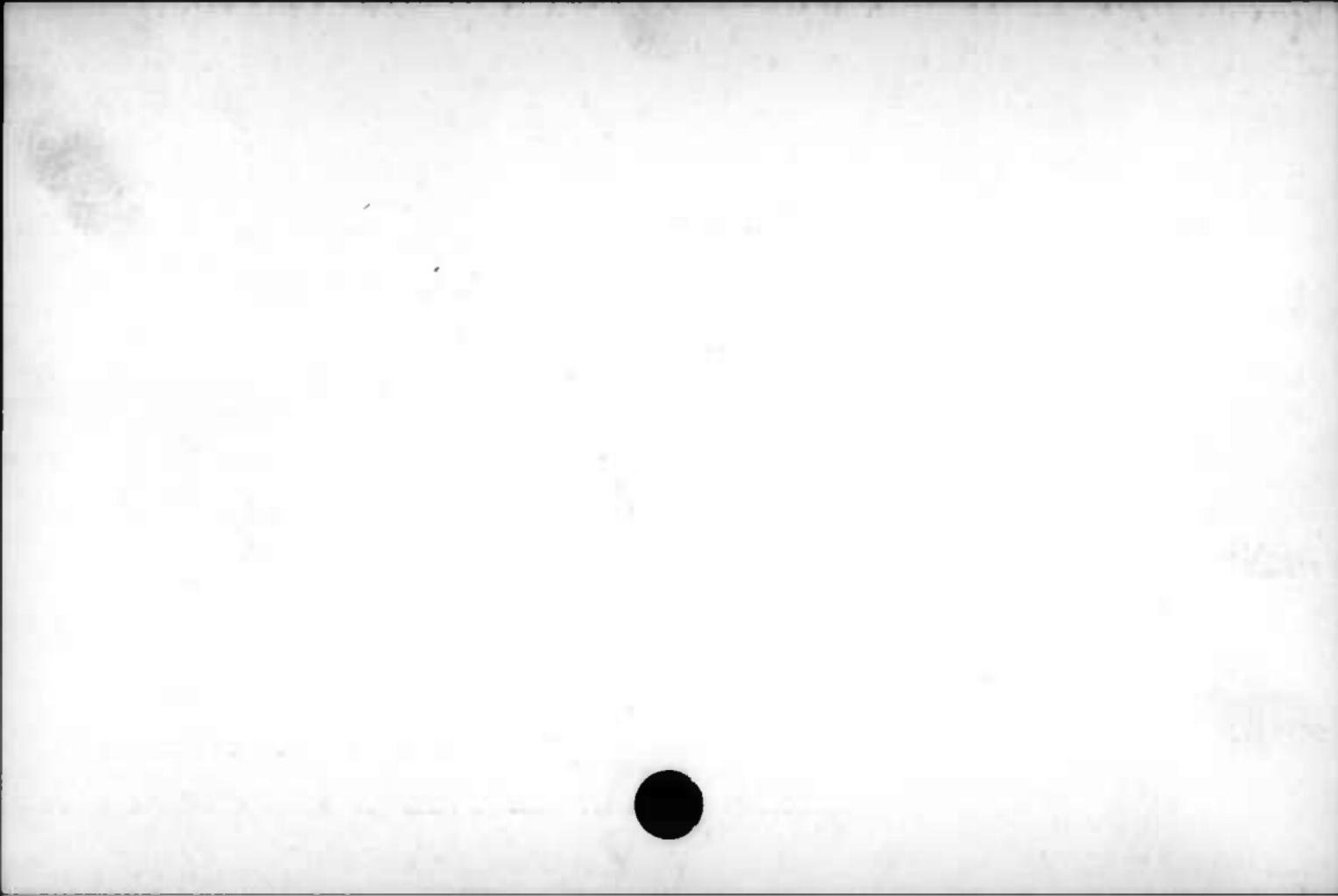
Died at	Town	County	MARYLAND		
Date of death 1905	Month Nov	Day 25	Years 17	Months 11	Days
Sex Female	Color or Race white	Birth-place	bed		
Married, Single or Widowed	Occupation	None			
Name of Wife or Husband					
Father's Name	John D. Kennedy				
Mother's Maiden Name	Rachel V. Morris				
Name of person giving information	Mrs. D. Kennedy				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intemulnus (Hthm)		How long	8 months
Immediate	Cirrhosis		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John B. Brokaw and	
		Address	Elmwood	

Accident or Suicide?



Name
in
Full

Henry Barry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Twp		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov.</u>	Day <u>13</u>	Years <u>Age 43</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Philadelphia Pa.</u>			
Occupation <u>Stone cutter</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife & Husband <u>Elizabeth Kinney Barry</u>		Father's Birthplace <u>Pa.</u>		
Father's Name <u>Hiram Barry</u>	Mother's Birthplace <u>Pa.</u>				
Mother's Maiden Name <u>Harriet Schaffer</u>	How related to deceased <u>Sister</u>				
Name of person giving information <u>Gertrude Wallace (Sister)</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Broncho-Pneumonia</u>	How long <u>7 days</u>
Immediate <u>Cardiac Diphthery</u>	How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <u>David W. Jones</u>
	Address <u>3116 Edmonson St.</u>
Accident or Suicide?	

Schwartz's Cemetery
Germans ^o France

Nov-15-th 1905.

Name
in
Full

Fannie Church

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Ellicott City	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Black	Birth-place		
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Jeff Jay				Father's Birthplace	Pa
Mother's Maiden Name	Clara Green				Mother's Birthplace	
Name of person giving information	Fannette Church	56			How related to deceased	adopted daughter

CAUSES OF DEATH

Primary	Drinking an Excess of Wine		How long
Immediate	Alcohol Poisoning.		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles Welsh J.P.
		Address	Ellicott City Md Flechester,
Accident or Suicide?			

Mar 72/05

Dr. L. W. Mott

Dr. L. W. Mott thoroughly
investigated the death of this child
and came to the conclusion that it died
of alcohol in the absence of its mother
therefore death was neglect unconscious

John W. Mott Jr.

Name
in
Full

William H. Clagett

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	J. A. Clagett		Father's Birthplace	Balto Co Md.
Mother's Maiden Name	Annie E. Holman		Mother's Birthplace	Balto Co Md
Name of person giving information	John. A. Clagett		How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

8 weeks

Immediate

Hemorrhage & Perforation

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

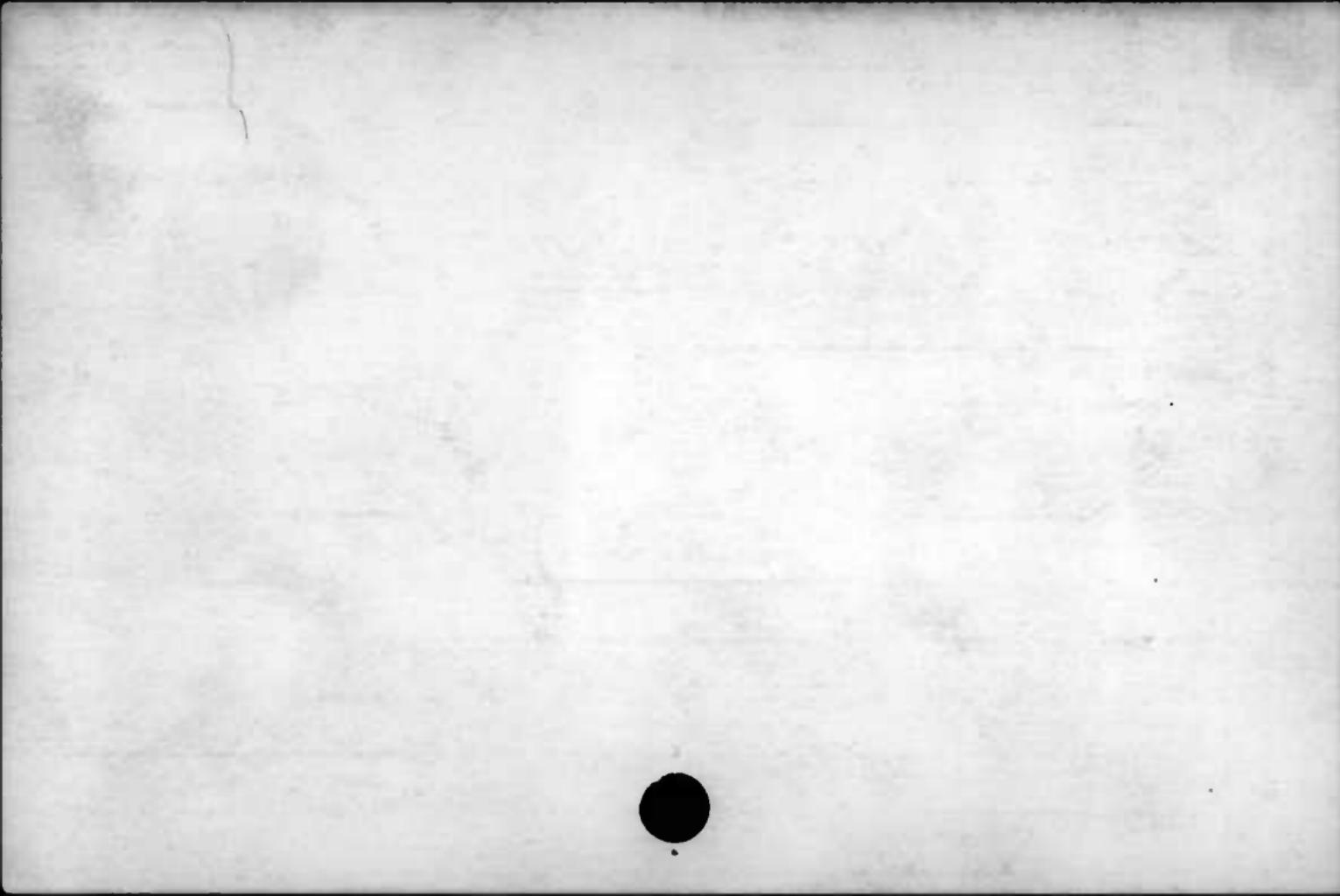
Signature of Physician

Address

A. C. Smith

Woodlawn Sta.
Md.

Accident or Suicide?



Name
in
Full

Emma Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Cross Keys</u> Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>190</u>	Month <u>Nov.</u>	Day <u>25</u>	Years <u>19</u>
Sex <u>Female</u>	Color or Race <u>Col</u>	Birth-place	<u>Cross Keys</u>
Occupation <u>At Home</u>	attends school	Where Residing if not at place of death	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>Donald Cole</u>	Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Jennie Cole</u>	Mother's Birthplace <u>Cross Keys</u>		
Name of person giving information <u>Barbara Smith</u>	How related to deceased <u>Neighbor</u>		

#653

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia 103

How long

2 wks

Immediate

Plus Pulmonary Thrombosis

How long

few hrs.

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

W. Grant Park
304 N. Bidwell

Accident or Suicide?

Laurel, Century Ballroom
Nov. 27-05

A. S. Marshall
3537 Falls Road

Name
in
Full

Maria C. Conlon

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Mount Hope Retreat</u>		County <u>Baltimore</u>	MARYLAND		
Date of death <u>190 Nov -</u>	Month <u>Nov</u>	Day <u>21</u>	Years <u>12</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>W. Va</u>			
Occupation <u>Stone</u>	Where Residing if not at place of death <u>Elk Garden W. Va</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Reads Mt. Hope Retreat</u>	How related to deceased <u>not a relative</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Pleuro-Pneumonia

How long

3 or 4 days

Immediate

Ex-Cardiae

How long

—

Are the name, age, sex, color, date and place correctly given above?

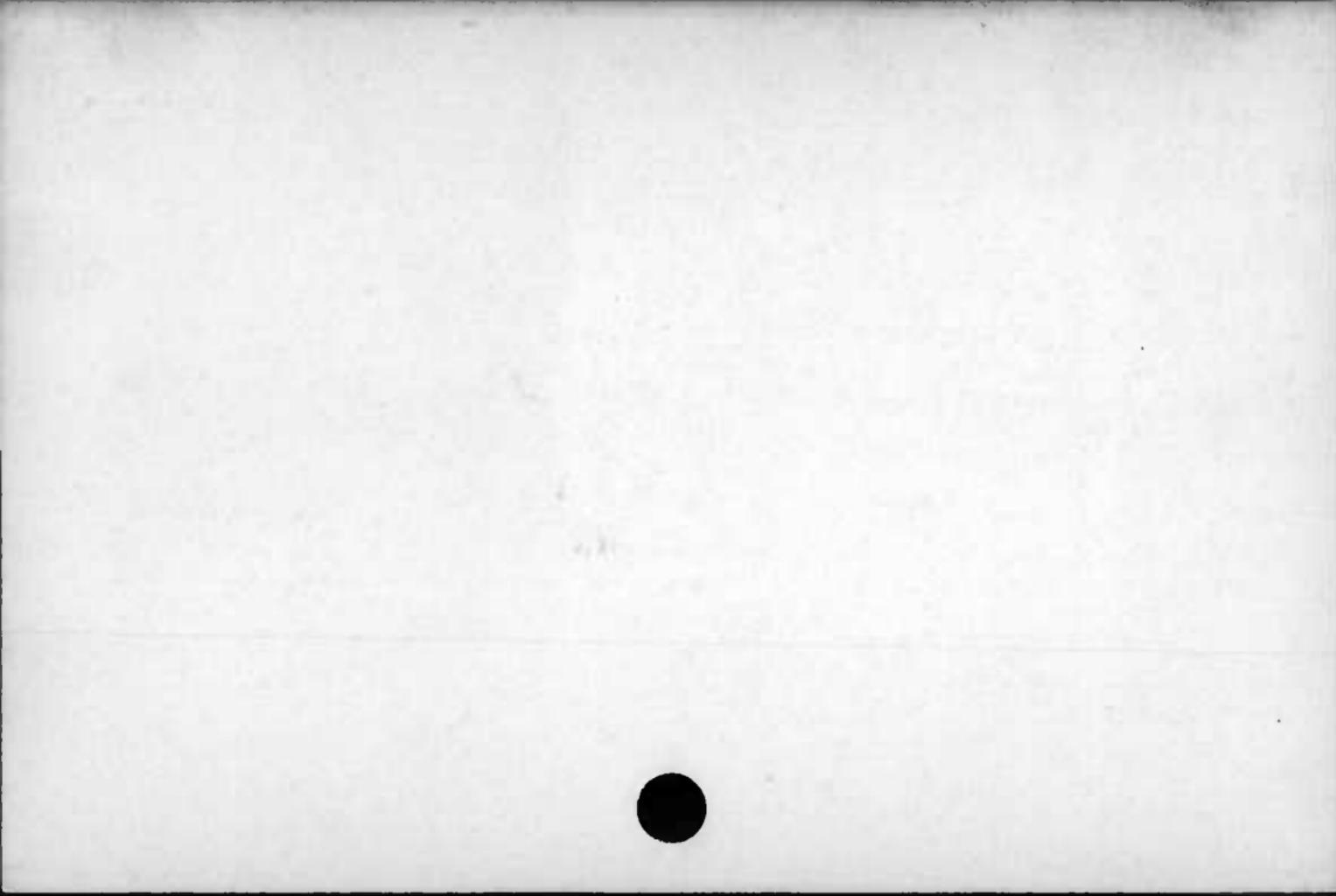
yes

Signature of Physician

Frank J. Flannery
Mount Hope Retreat
Mount Hope Md.

Address

Accident or Suicide?



Name
in
Full

Peter Mumford Conrad

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

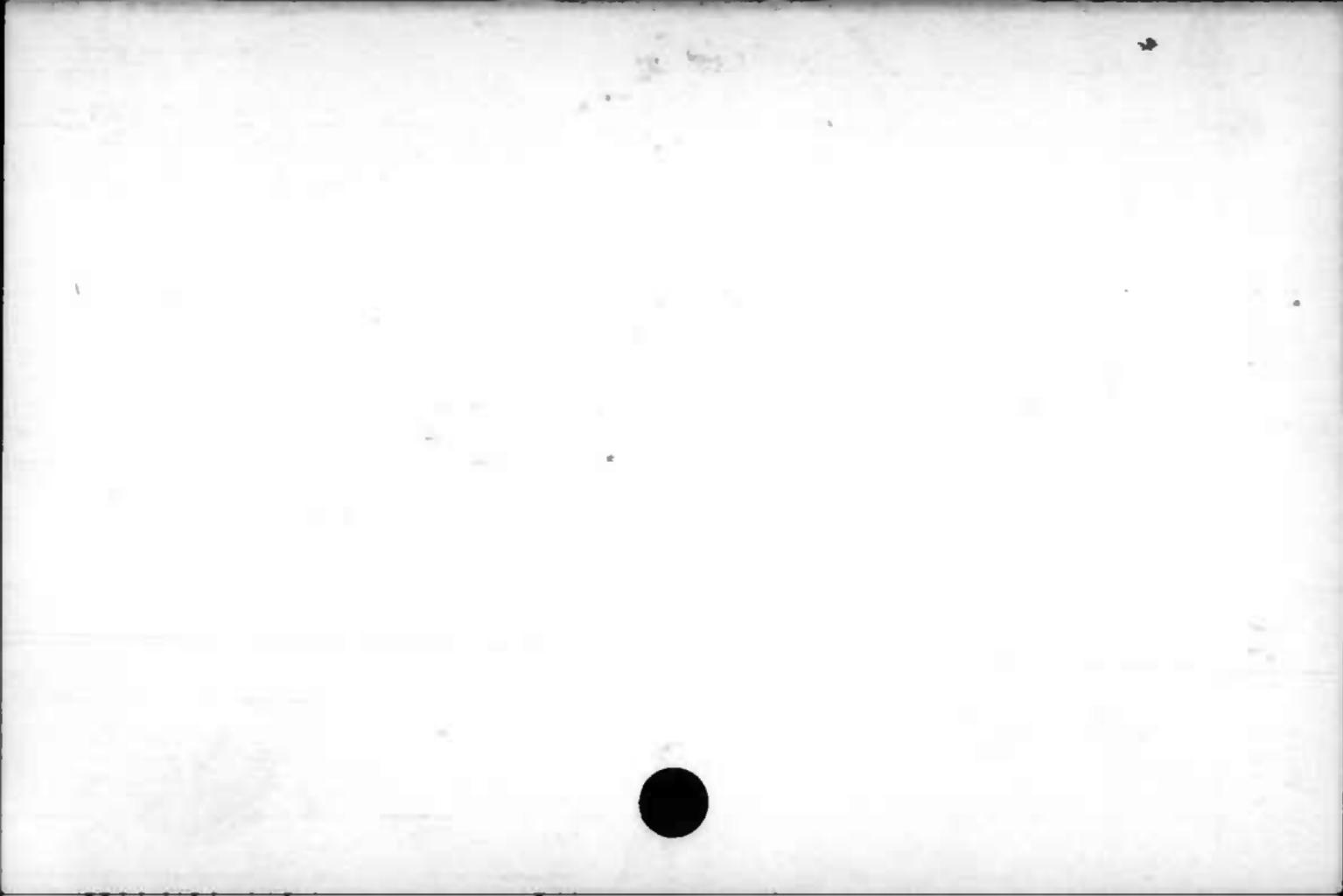
Died at		Town	County		MARYLAND	
Reisterstown		Baltimore				
Date of death	19D 5 2000	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	65	1 13
Married, Single or Widowed	Married	Occupation				
Name of Wife or Husband	Catherine V. Conrad					
Father's Name	Solomon Conrad			Father's Birthplace		
Mother's Maiden Name	Mumford			Mother's Birthplace		
Name of person giving information	Isabella Yingling			How related to deceased		
Niece						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis, Cirrhosis	How long	One Year
Immediate	Edema of the Lungs	How long	One week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James Gorrell, D
		Address	Reisterstown, Md.

Accident or Suicide?



Name
in
Full

Nancy T. Cooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY

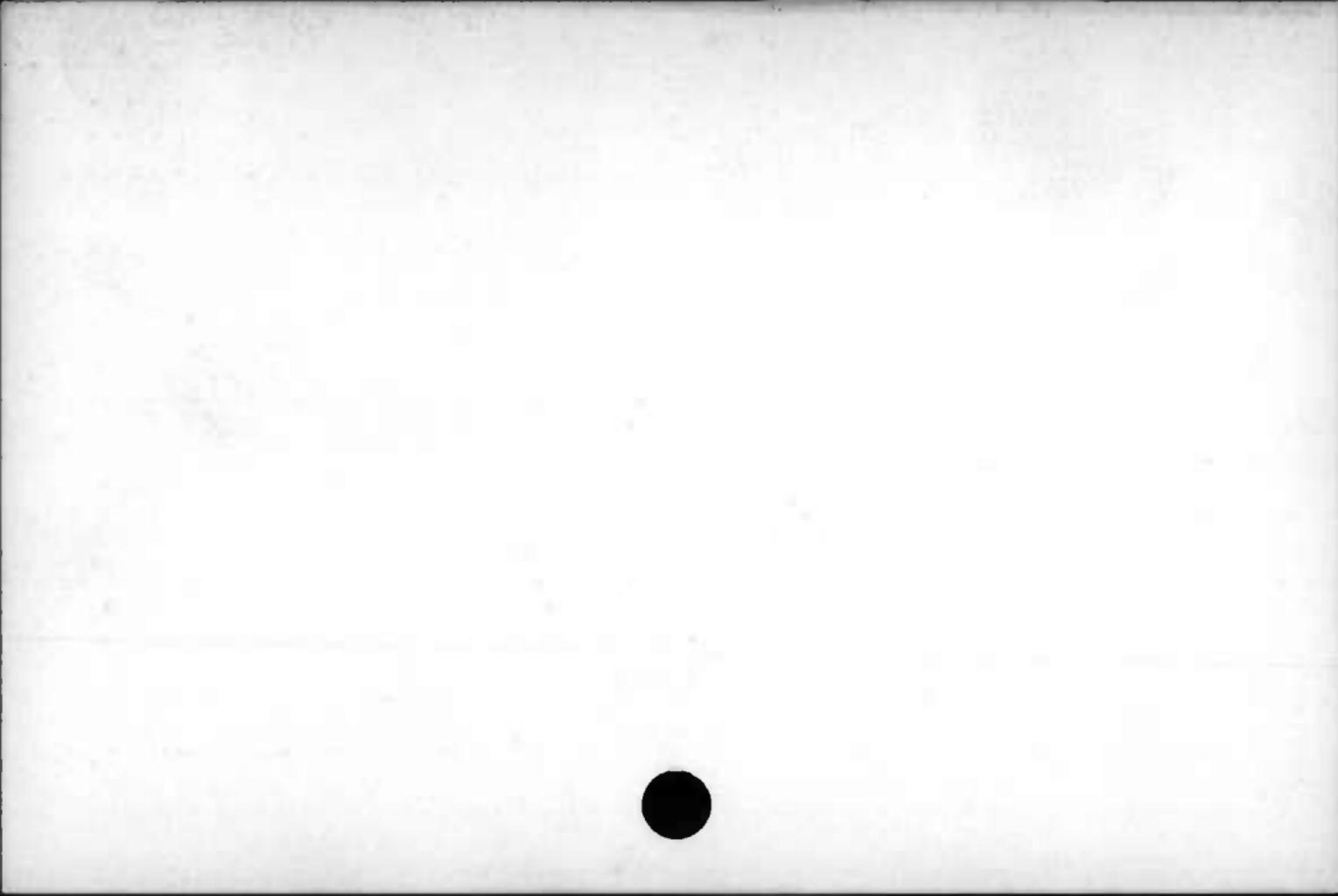
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905	Month 11	Day 26	Age 72	Years	Months	Days	
Sex Female	Color or Race White	Birth-place Md.					
Married, Single or Widowed Married	Occupation Housewife						
Name of Wife or Husband Benjamin T. Cooper							
Father's Name Joseph Kammerer	(69)	Father's Birthplace Md.					
Mother's Maiden Name Elizabeth Mathews	(69)	Mother's Birthplace Md.					
Name of person giving Information Benjamin T. Cooper		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart		How long for 1 year
Immediate	Near Syncope		How long few moments
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician a. R. Whitehead	Address Mounton, Md.
Accident or Suicide?			



Name
in
Full

Naoma May Crutchley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	2	6	7.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Harry C Crutchley				
Mother's Maiden Name	Naoma G Essminizer				
Name of person giving information	Harry C Crutchley				
CAUSES OF DEATH					
Primary	Intestinal Indigestion				
Immediate	Convulsions				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician		
			Address		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Abel Bassard

520 (Govans) Balt. Md

Accident or Suicide?

Burial at,
Western Cemetery
Friday Nov 10/905,
William Cook
502 E. North St.

Dr. Massenburg
Drug Store
Torrson.

Name
in
Full

Jennie F. W. Lourley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County,	MARYLAND		
Govans	Baltimore				
Date of death	Month	Day	Years	Months	Days
1905	November	1	37	6	19
Sex	Female	Color or Race	White	Birth-place	Baltimore, Md.
Occupation	None	Where Residing if not at place of death	Govans, Md.		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Henry R. Lourley	Father's Birthplace	Ireland		
Mother's Maiden Name	Sarah Winterhaeter	Mother's Birthplace	Delaware		
Name of person giving information	Peter A. Sleepy	How related to deceased	Brother-in-law		

CAUSES OF DEATH

Primary	Broken Spine	How long	One hour
Immediate	Fall from 3rd story window which broke spine	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Michael P. St. John, D.P.
		Address	Coroner Govans, Md.
Accident or Suicide?		Accident	

Cathedral Cemetery

Henry W. Mears ^{and son}
805 N. Calvert St.
Balto.

Name
in
Full

William St. Dawson

CERTIFICATE OF DEATH

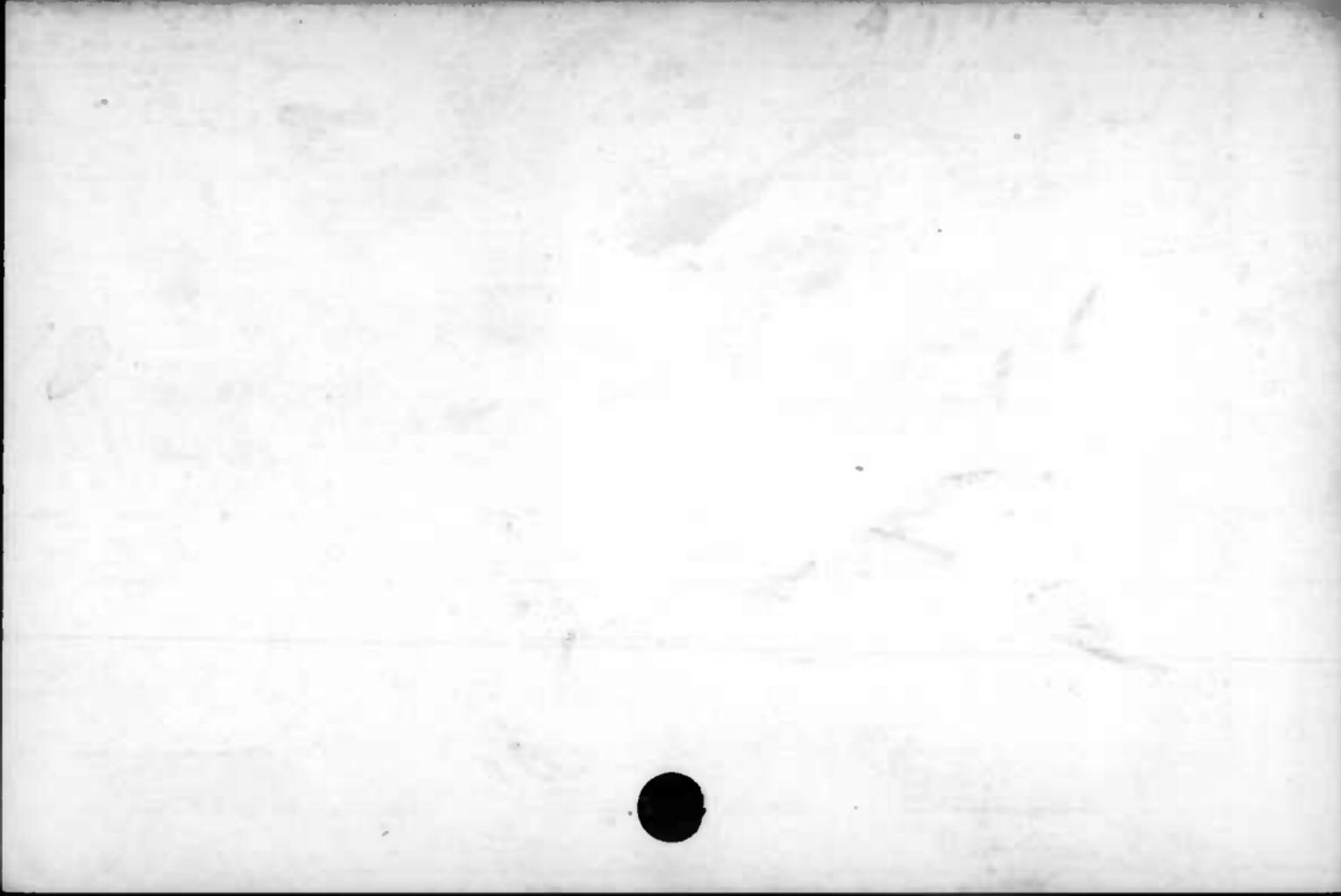
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Greenwood		Balto.			
Date of death	Month	Day	Years	Months	Days
1905	Nov.	20	74		
Sex	male	Color or Race	white	Birth-place	Balto. Co.
Occupation	Farmer			Where Residing if not at place of death	
Married, Single or Widowed	Mrs. Emma L. Dawson				
Name of Husband				Father's Birthplace	Harford Co.
Father's Name	Vinson Dawson			Mother's Birthplace	Balto, Co.
Mother's Maiden Name	Shelotta Daile			How related to deceased	
Name of person giving information	wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart trouble	How long	3 mos.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	V. S. Green
		Address	Gatting Balto Co. Md.
Accident or Suicide?			



Name
in
Full

Laura C. Ogle Day

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903	Month Nov.	Day 21 st	Years 79	Months 5	Days
Sex	Female	Color or Race	White	Birth-place	Delaware.	
Occupation	Gentlewoman.			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Edward. H. Day			
Father's Name	Capt. E. W. Oldham			Father's Birthplace	Maryland	
Mother's Maiden Name	Mary A. Ogle			Mother's Birthplace	Delaware	
Name of person giving information	Mary Forman Day			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Softening

How long

several years

Immediate

General failure of vital organs

How long

many months

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

Address

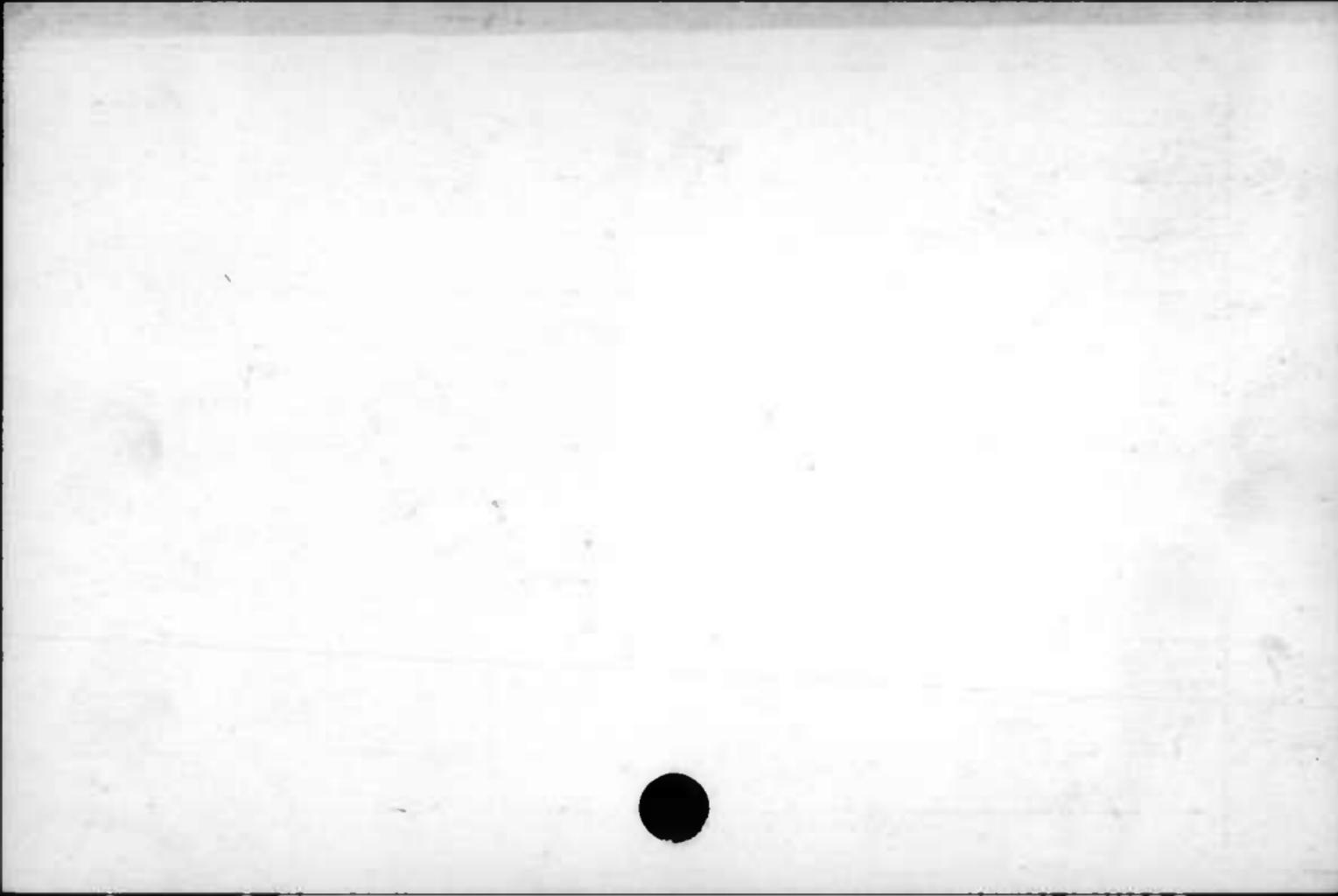
Att. Meyer et al.

Franklin

Ind.

Accident or Suicide?

No



Name
in
Full

Nelson Det

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Boring		Baltimore				
Date of death 1905	Month 11	Day 7	Age 77	Years 77	Months 8	Days 7
Sex Male	Color or Race	Black	Occupation	Birth-place	Md	
Married, Single or Widowed	Widower	None				
Name of Wife or Husband						
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	Geo. Buchanan					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

X-4

Immediate

old age

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

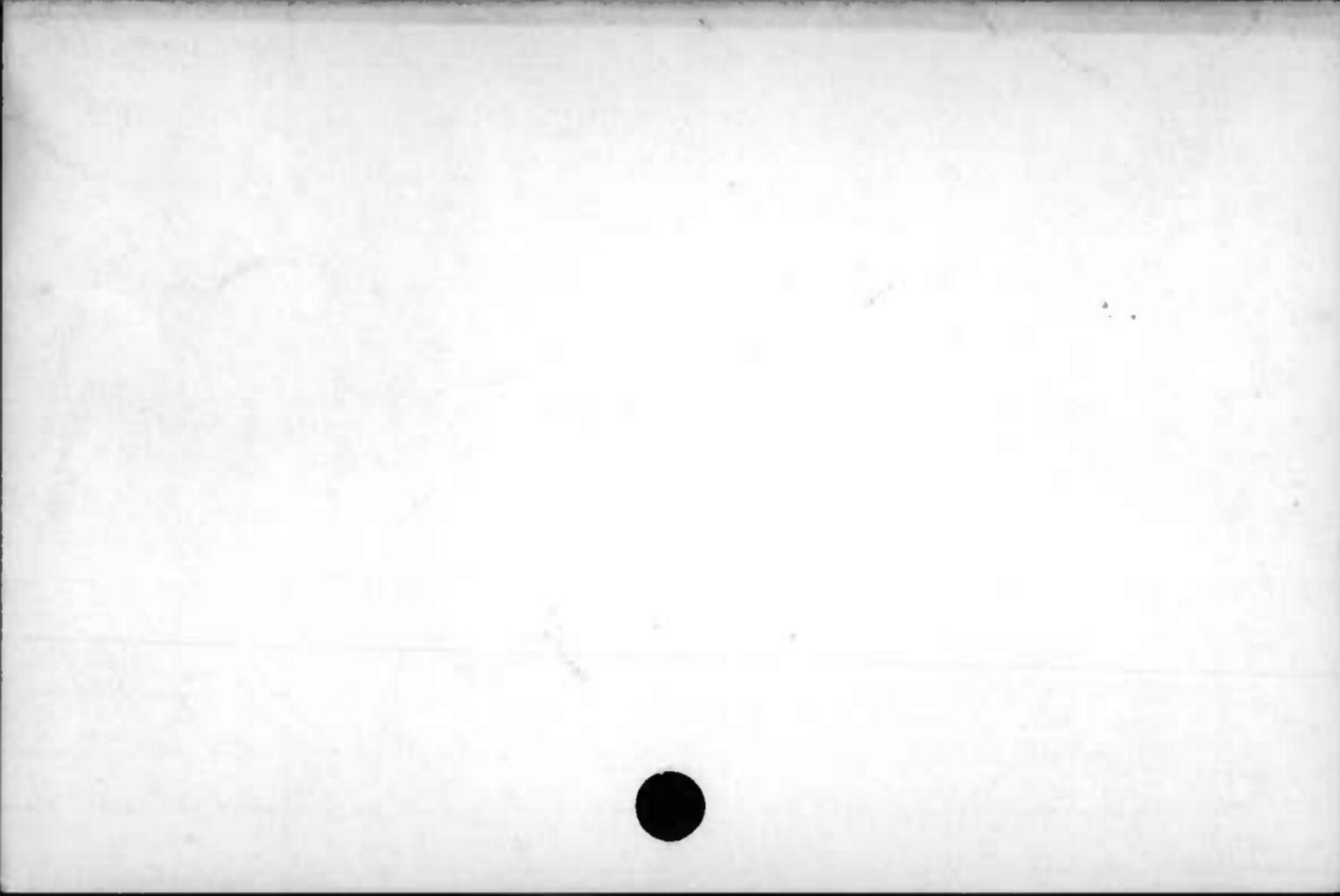
yes

Signature of Physician

Address

Geo. H. Wilson
Towlesburg
Md

Accident or Suicide?



Name
in
Full

Wilhelmina Ditschler

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Rorpeburg</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov.</u>	Day <u>25</u>	Years <u>2</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race	<u>white</u>		Birth-place	<u>Ind</u>	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Adam Ditschler</u>			Father's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>Mary Vogelgesang</u>			Mother's Birthplace	<u>Ind</u>	
Name of person giving information	<u>Adam Ditschler</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Double Lobar Pneumonia</u>	<u>93</u>	How long <u>about 12 days.</u>
Immediate	<u>Heart Failure - Exhaustion</u>		How long <u>10 to 12 hours.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Lingard J. Whiteford,</u>
		Address	<u>Fullerton, Ind.</u>
<u>To best of my knowledge</u>			
Accident or Suicide?			

East Baltimore

Cemetery

Name
in
Full

Samuel Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	Nov	21	63			6	
Sex	Male	Color or Race	Black	Birth-place	Baltimore Co		
Occupation	Farmer.		Where Residing if not at place of death	at home Howardville.			
Married, Single or Widowed	Married	Name of Wife or Husband	Rebecca. Rachel Dorsey.				
Father's Name	Benjamin Dorsey.		Father's Birthplace	Baltimore Co			
Mother's Maiden Name	Rebecca Philiphant.		Mother's Birthplace	11			
Name of person giving information	Rachel R Dorsey		How related to deceased	wife.			

CAUSES OF DEATH

Primary	Bright's Disease.	How long	2 years.
Immediate	Gangrene of feet & elsewhere	How long	2 months.
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	A.W. Cox, M.D.
		Address	Arlington
Accident or Suicide?			

PHYSICIAN
OR CORONER

at Union Cemetery

"

Name
in
Full

Janie E. Earp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Gorans town</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>5</u>	Years <u>48</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Baltimore</u>			
Occupation <u>Nurse wife</u>	Where Residing if not at place of death <u>at Residence</u>				
Married, <u>Single</u> or Widowed	Name of Wife or Husband <u>H. H. Earp</u>				
Father's Name <u>Mo. H. Colton</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace				
Name of person giving information <u>H. H. Earp</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary <u>Cancer</u>	How long <u>18 months</u>
Immediate <u>Exhaustion</u>	How long <u>short time</u>

45

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. H. Deacon

Gorans town

Accident or Suicide?

H.C. Wedgefield

914 Gramont St. An.

Druid Ridge Cemetery

Name
in
Full

Ella East

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westfield</u> - <u>Town</u>		County <u>Balt</u> <u>00</u>		MARYLAND	
Date of death <u>190</u>	Month <u>Nov 30</u>	Day <u>30</u>	Years <u>2</u>	Months <u>9</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Balt 00</u>			
Occupation <u>C</u>	Where Residing if not at place of death <u>Westfield</u>				
Married, Single or Widowed <u>C</u>	Name or Wife or Husband <u> </u>				
Father's Name <u>John East</u>	Father's Birthplace <u>Balt 00</u>				
Mother's Maiden Name <u>Mary Hertzing</u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>John East</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diphtheritic Croup How long Sept 30/05
Immediate asphyxiation How long Nov 30/05

Are the name, age, sex, color, date and place correctly given above?

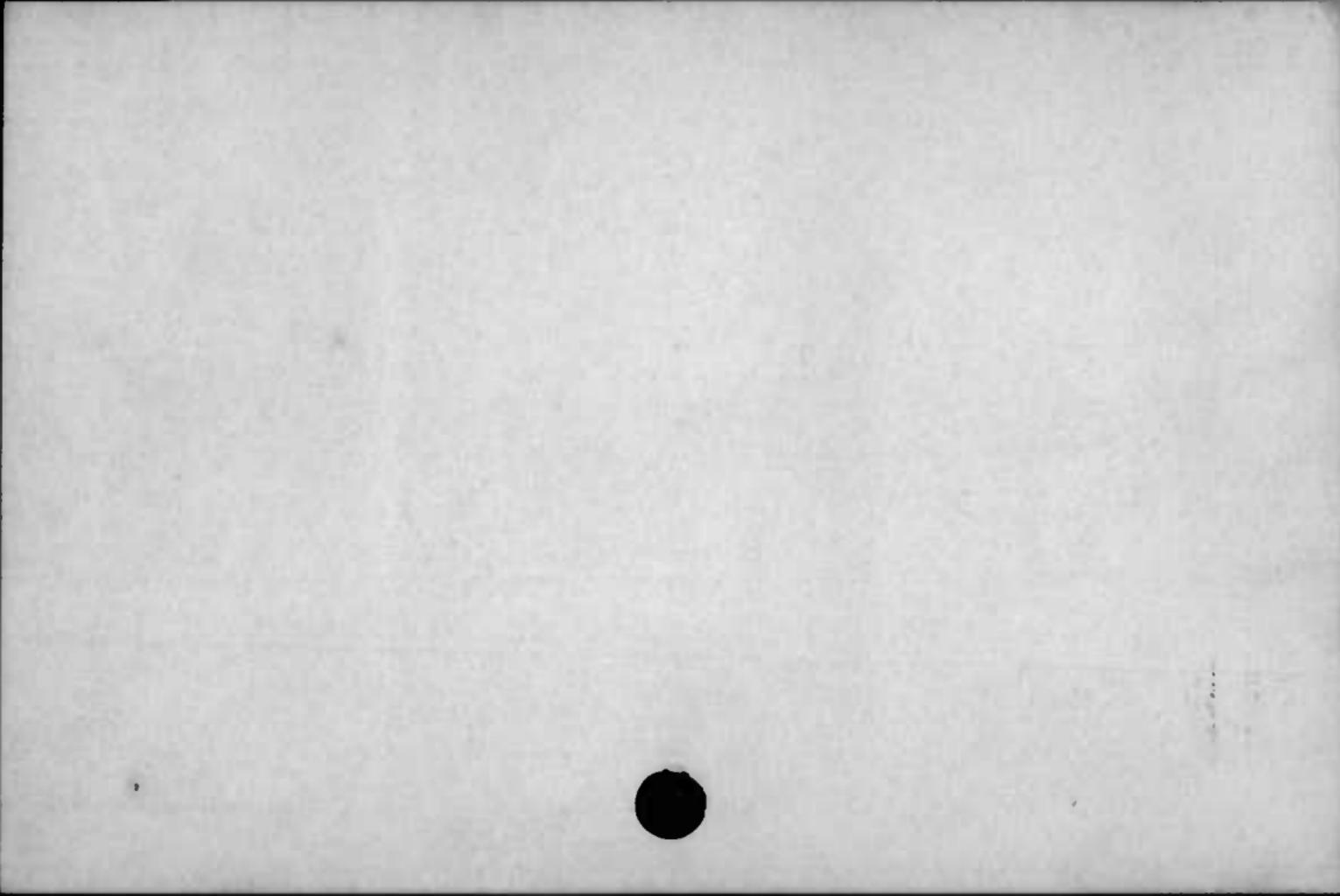
Signature of Physician

Address

Cedar Hill Cemetery

Thos B. Hall
Art minors

Is this a case of Suicide?



Name
in
Full

Edwin Edwards

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month 11	Day 7	Years —	Months 5	Days —
Sex	male	Color or Race	White	Age	Birth- place	Baltimore Co.
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Elow Edwards					Father's Birthplace W. Va
Mother's Maiden Name	Edith Ailes					Mother's Birthplace Gales Creek
Name of person giving Information	Elow Edwards					How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoea	How long	36 hours
Immediate	Exhaustion	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo L. Griswold
Year		Address	3 & 1/2 Sough St.
1905			
Accident or Suicide?			

Oak Lawn, Ill.

J. Henwig & Son

11/9/05

Name
in
Full

Elonora Evans Col

3/11/1. I.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cole Gate Creek</u>		Town <u>Baltimore</u>		County		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>27</u>	Years <u>25</u>	Age <u>25</u>	Months <u>3</u>	Days <u>11</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Baltimore</u>			
Occupation <u>House keeper</u>	Where Residing if not at place of death <u>Cole Gate Creek</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife Husband <u>Jake Evans Col</u>			Father's Birthplace <u>MD</u>			
Father's Name <u>Nathaniel Henson Col</u>			Mother's Birthplace <u>MD</u>				
Mother's Maiden Name <u>Georgianna Henson Col</u>			How related to deceased <u>none</u>				
Name of person giving information <u>Cornelius Collier</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gum shot wound

How long

How long

Immediate

Schrook

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

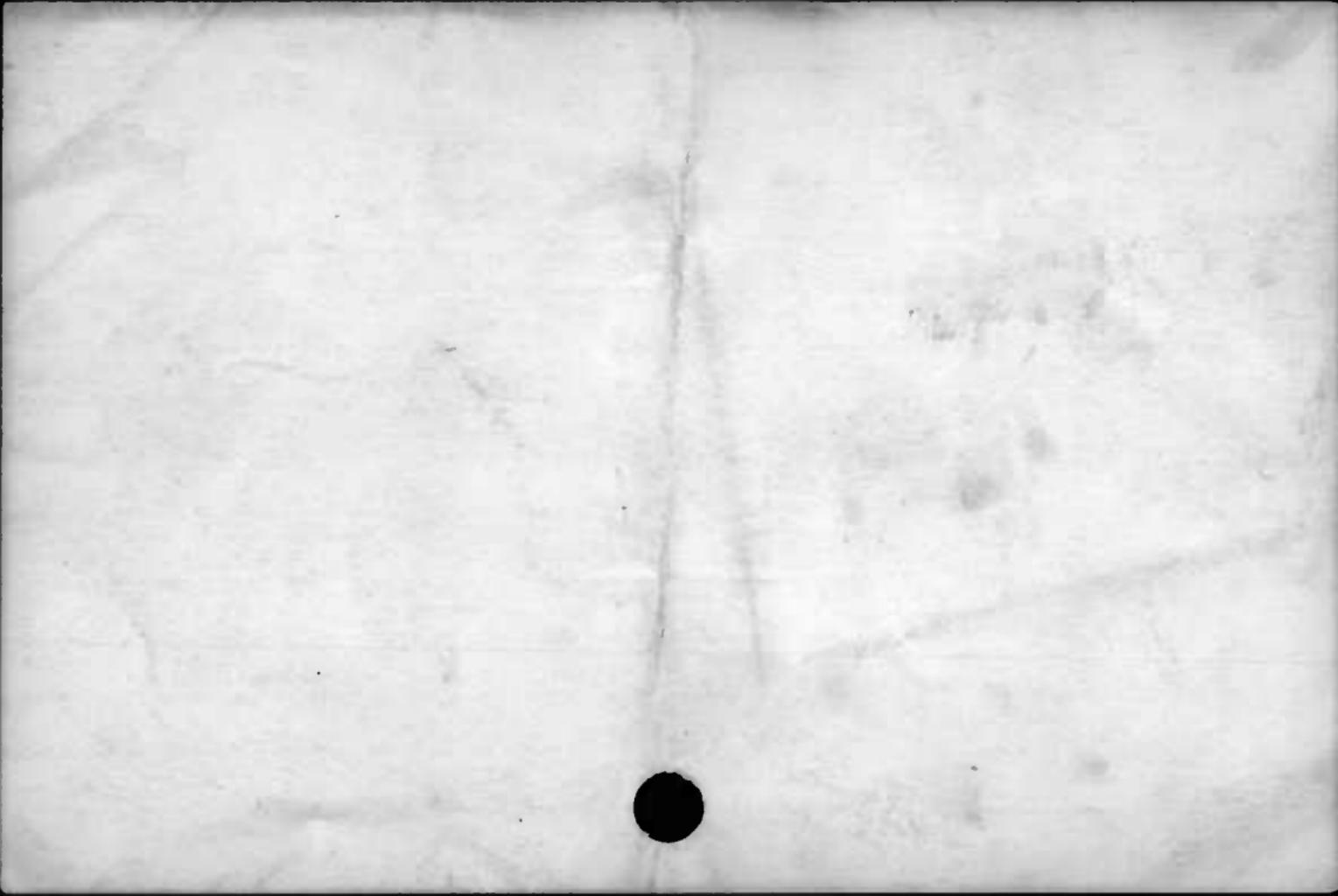
Conner John Muller

Address

501 N. Clinton St

Accident or Suicide?

Homicidal



Name
in
Full

William Fialkowstein

CERTIFICATE OF DEATH

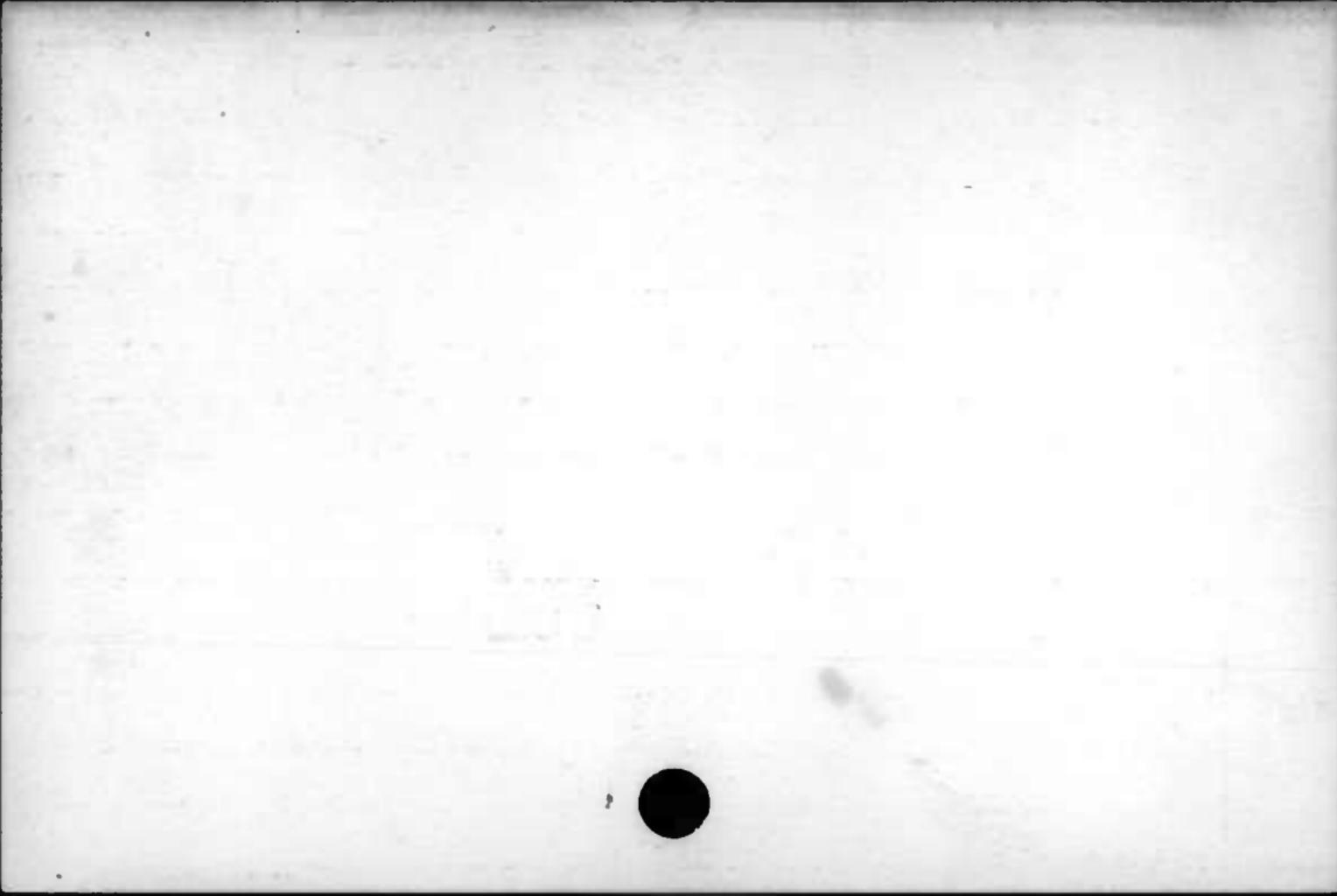
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brooksville</u>		Town	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>21</u>	Age <u>66</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Edgewater</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Tuberculosis</u>		How long <u>1 year</u>
Immediate			How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		<u>6 weeks</u>
	Address		<u>Brooksville</u>
Accident or Suicide?	<u>no</u>		



Name
in
Full

Theresa Louisa Seeser

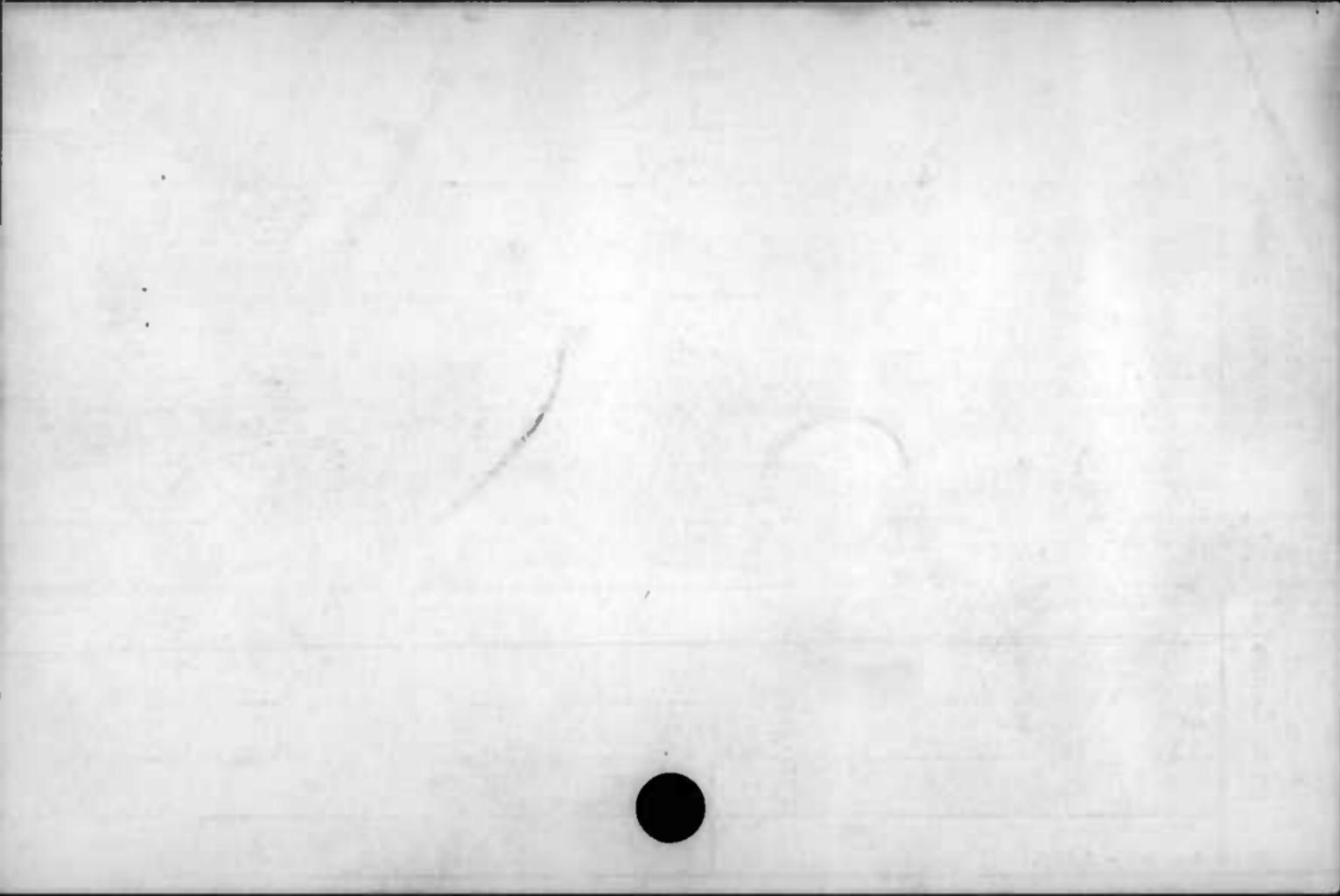
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Highlandstown	Balto.			Months	Days	
Date of death	1905	Month 11	Day 23	Age —	10	5	
Sex	Female	Color or Race	White	Birth-place	Md.		
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name	Berhardt Seeser		Father's Birthplace	Germany			
Mother's Maiden Name	Theresa Garicht		Mother's Birthplace	Germany			
Name of person giving Information	Berhardt Seeser		How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Burn	How long	Nov. 21 st
	Immediate	Oedema of Glottis	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. A. Glantz M.D.	
		Address	41 Eastern Ave. Et.	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Wm Ferguson

CERTIFICATE OF

Died at <u>Dickeyville</u>		Town	County	MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>29th</u>	Years <u>62</u>	Months <u>11</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ireland</u>			
Occupation <u>contractor</u>	Where Residing if not at place of death <u>Anna Ferguson</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Anna Ferguson</u>	Father's Birthplace <u>Ireland</u>			
Father's Name <u>Wm Ferguson</u>	Mother's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Eliza Ferguson</u>	How related to deceased <u>Nephew</u>				
Name of person giving information <u>Hamilton Delaney</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Anemia of the Hampshire</u>	How long	<u>3 months</u>
Immediate	<u>Hepatistic pneumonia</u>	How long	<u>4 days</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

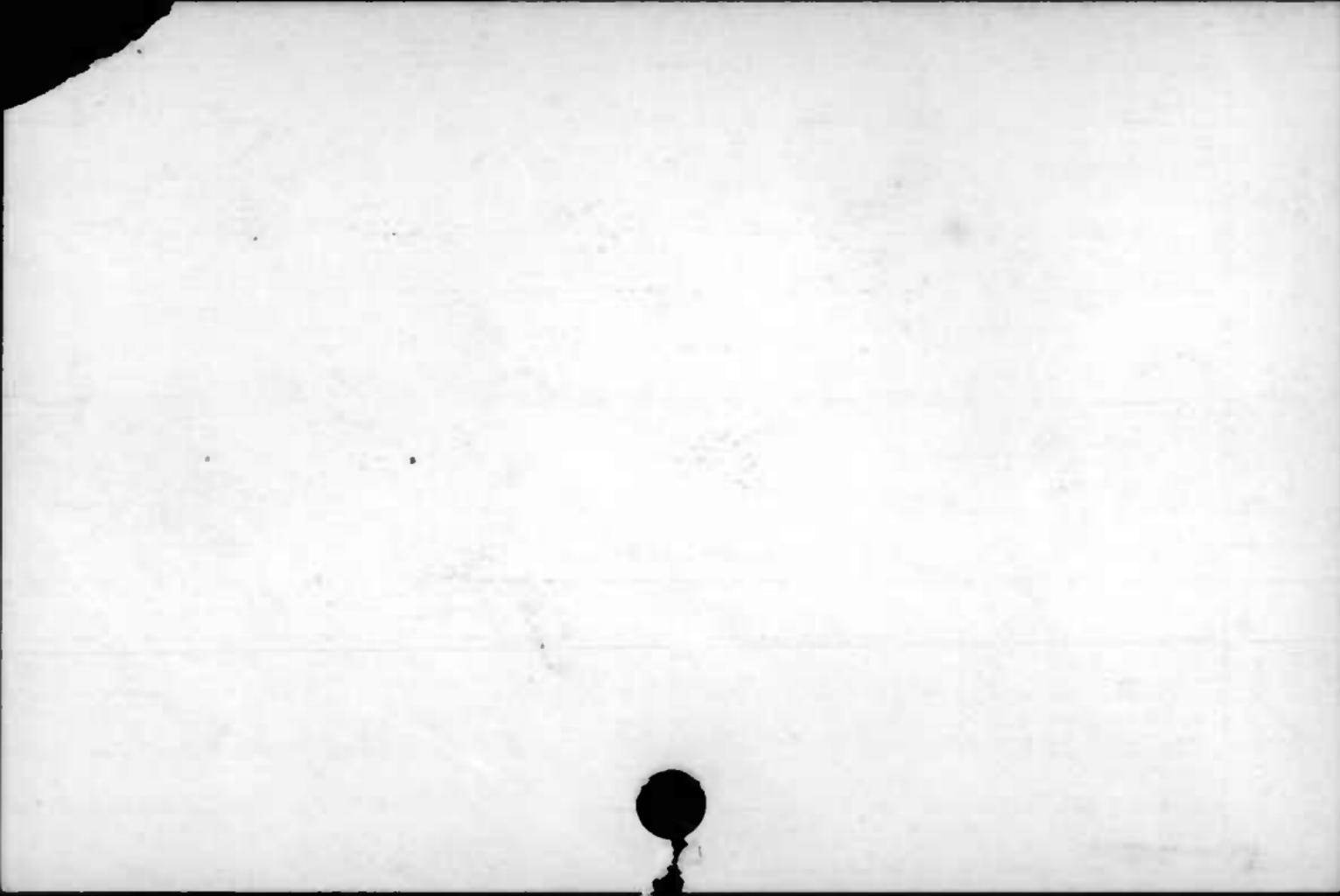
A.C. Smith

See

Address

Woodlawn Sta
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH				
Died at		Town	County	
Died at		Washington	Baltimore	MARYLAND
Date of death	1905 Nov.	26	Years	Months Days
Sex	Female	Color or Race	white	Birth-place
Occupation	—	Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Edward Fitzgerald	
Father's Name	Michael Buckley	Father's Birthplace	Ireland	
Mother's Maiden Name	Cathernie Connor	Mother's Birthplace	Ireland	
Name of person giving information	Margaret Fitzgerald	How related to deceased	daughter	

CAUSES OF DEATH

Primary

Diabetes Melita

How long

5 years

Immediate

Asthma

How long

7 mos

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

William J. Todd
301 Washington Md

Accident or Suicide?

St. Joseph Cemetery

Texas

Baltimore County

Md

Henry L. Mears & Son

Baltimore Md

Name
in
FullMabel Frances
Town
ArlingtonTylsmonos.
County
Bullock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Month		Day	Years	Months	Days
Date of death 1905	Nov	20	Age 37	11	20	
Sex Female	Color or Race		White	Birth-place Los Angeles California		
Occupation Housewife			Where Residing if not at place of death	Home in Chicago		
Married, Single or Widowed Married	Name of Wife or Husband		Thomas John Tylsmonos.			
Father's Name Peter Rooney			Father's Birthplace Ireland			
Mother's Maiden Name Bridget Hamilton			Mother's Birthplace Ireland			
Name of person giving Information	Name of person giving Information		How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Neurasthenia		How long 7 months
Immediate	Gastritis & shock.		How long 3 days.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Mabel Frances
		Address	Arlington

Accident or Suicide?



Name
in
Full

John Fletch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Ben	Fletch	①		Father's Birthplace	Maryland
Mother's Maiden Name	Hattie	Fletch	①		Mother's Birthplace	"
Name of person giving information	Ben Fletch			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia & Hay fever* How long
Immediate *Spasms.* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*R. O. Glance
Mt. Pleasant
Md.*

Accident or Suicide?

Rev. Koopman

Mr. Abram

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Catherine Poertschbeck

CERTIFICATE OF DEATH

Died at <u>Canton</u>		Town <u>Balts</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov.</u>	Day <u>20</u>	Age <u>65</u>	Years	Months <u>9</u> Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Germany</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Andrew Poertschbeck</u>				
Father's Name <u>John Bety</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Barnockal</u>	Mother's Birthplace				
Name of person giving Information <u>John Poertschbeck</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary

Carcinoma Uterus XV

How long

2 mo.

Immediate

Gastro Enteritis Exhaustion

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

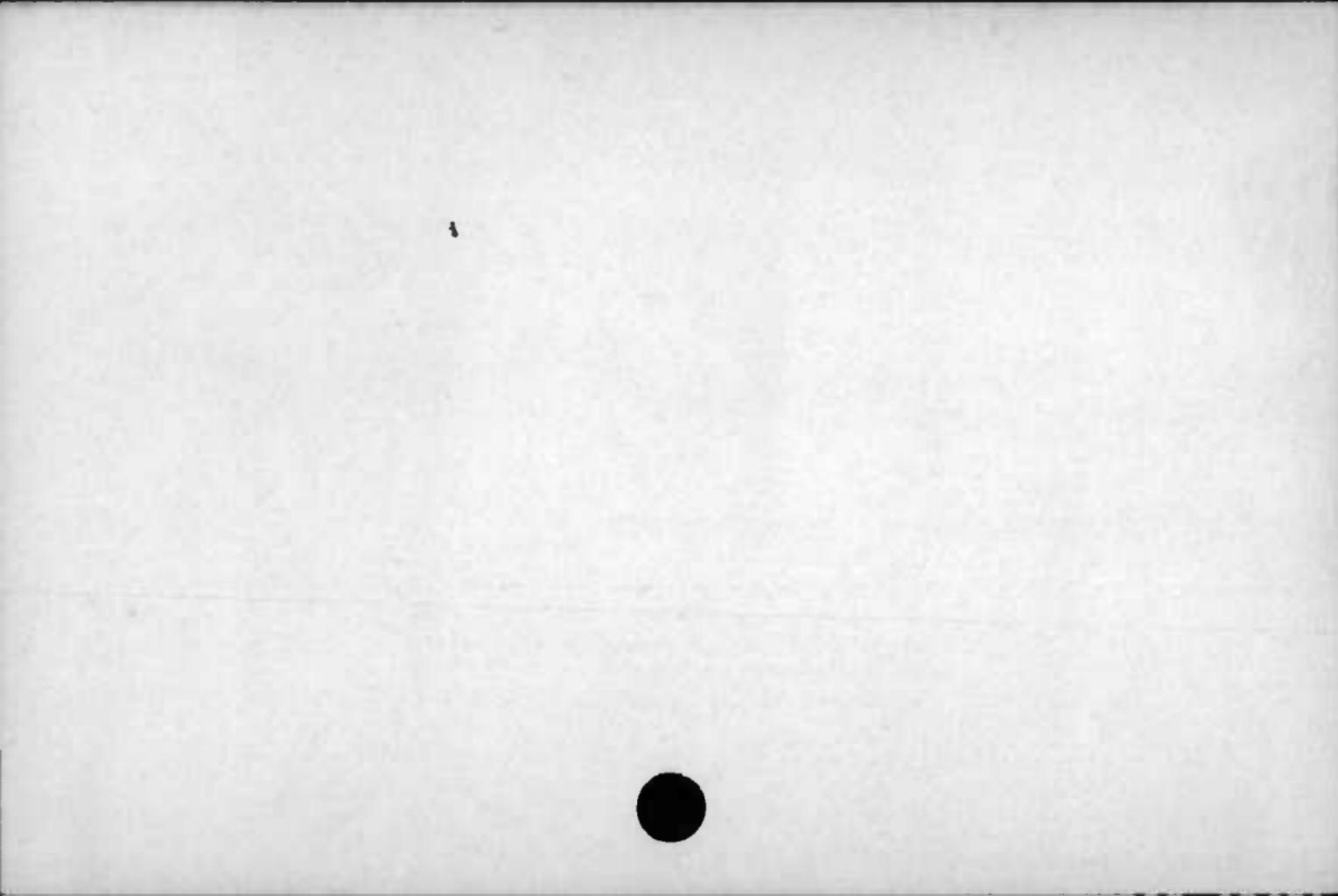
Signature of Physician

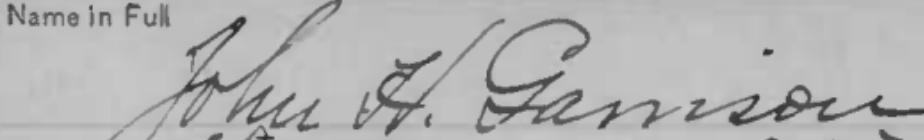
Address

Dr. Alley
2 Hudson St EntPHYSICIAN
OR CORONER

Accident or Suicide?

No



				County		Baltimore		MARYLAND	
				Town	County	Baltimore		MARYLAND	
Died at	Stevenson	Month	Day	Y.	M.	D.	Native of	Occupation	
Date	1905	Nov	21	76	—	—	md	Carpenter	
Male	White	Age	76	Married	Window	Divorced	Number of children living		
Female	Colored	Married	Single	Single	Widower	Two			
Husband of	Sydney J. Garrison								
Wife	John Garrison								
Father's Name	Rebecca Garrison								
Mother's Name	Rebecca Garrison								
Cause of Death	Primary	Gastric Cancer				How long sick	Six months		
Death	Immediate	Prostration				(40)	Accident, Suicide, Homicide		
Reported by	W. H. Smith								
Address	Riverside Md.								

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Burns Sons
Dunlop Ridge, Cessy

Name
in
Full

Mary Gebhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	79
Occupation	None	Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	George J. Gebhardt	
Father's Name	George Haaffner		Father's Birthplace	Germany
Mother's Maiden Name	don't know		Mother's Birthplace	"
Name of person giving Information	Mary Fischer	(108)	How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stomach and liver degeneration	How long
Immediate	Peritonitis	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Accident or Suicide?	E. J. Gebhardt, M.D. 1108 Chesapeake	

Sacred Heart Cemetery

Nov. 30th 1905

Germanus Frans

Andestaten

Name
in
Full

Charles Edward Miller German

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Dec.	14	Age 18	3	23	
Sex	Male	Color or Race	White	Birth-place	Md.	
Occupation	School boy			Where Residing if not at place of death	Gowens	
Married, Single or Widowed	Never married			Name of wife or Husband		
Father's Name	Charles E. German			Father's Birthplace	Md.	
Mother's Maiden Name	Josephine Richards			Mother's Birthplace	Md.	
Name of person giving Information	Mrs. German			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	6 weeks
Immediate	Cardiac Arrest	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Garetin Bruck M.D.
		Address	1000 Madison Ave
Accident or Suicide?			

John Burns Sons
Satins Cess.

Name
in
Full

Rose H. Greish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Hillsville		Bolton				
Date of death 1905	Month	Day	Years	Age	Months	Days
11	11	17			2	15
Sex Female	Color or Race	White		Birth-place	Hillsville	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	J. Franklin Greish		Father's Birthplace	Bolton		
Mother's Maiden Name	Catherine Arnold		Mother's Birthplace	Md		
Name of person giving information	Charles Miller		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

convulsions

How long

5 hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

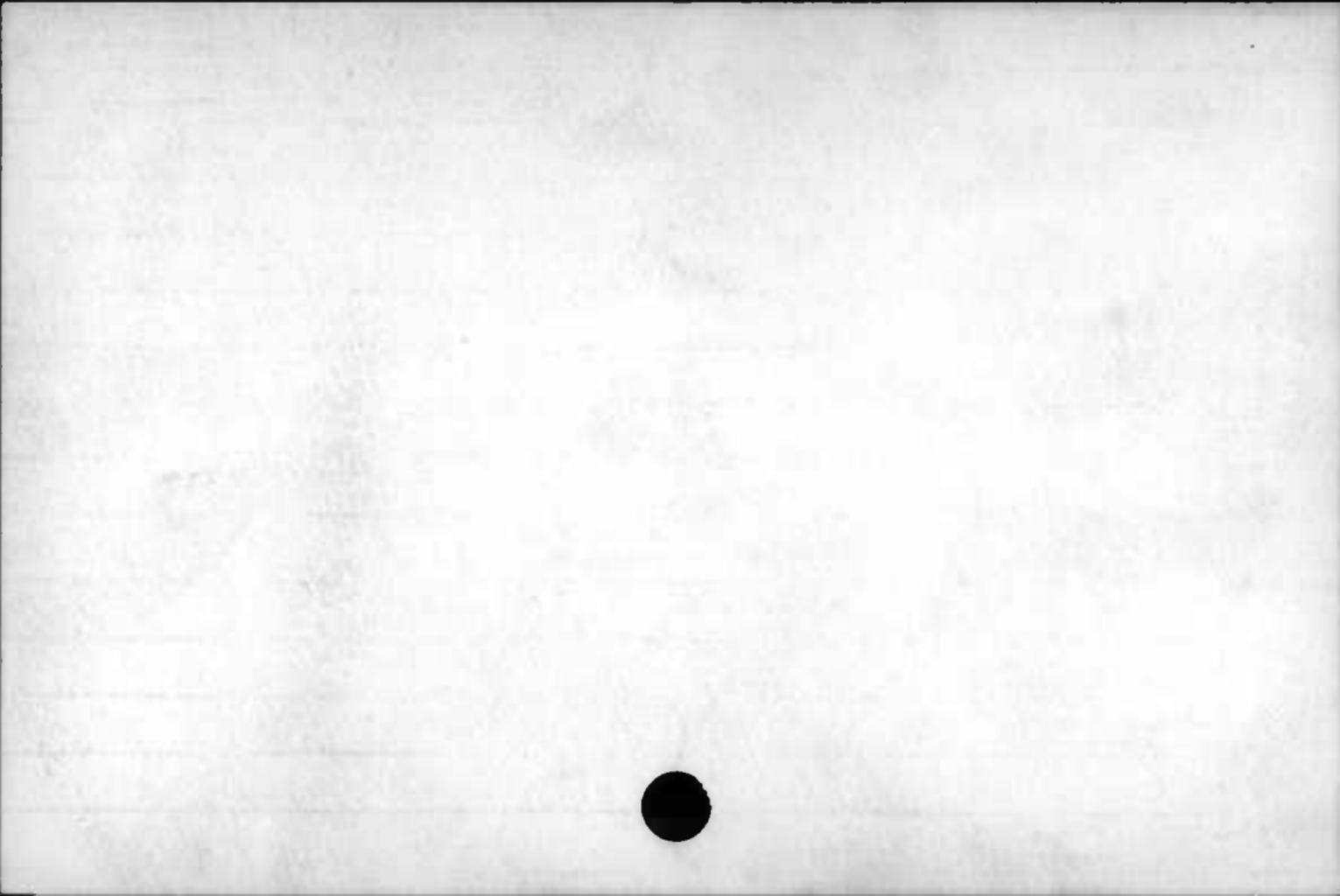
Signature of Physician

Address

Z. B. Hall

WT MUNIC

Accident or Suicide?



Name
in
Full

Emmanuel Grimm

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND					
Ashland			Balto.							
Date of death	1905	Month	11	Day	21	Years	87	Months	Days	
Sex	Male		Color or Race		White		Birth-place			Pa
Occupation	Stormaker		Where Residing if not at place of death		Ashland.					
Married, Single or Widowed	Widowed		Name of Wife or Husband							
Father's Name	Jacob Grimm						Father's Birthplace			Pennsyl
Mother's Maiden Name	Mary Bulander						Mother's Birthplace			Maryland
Name of person giving information	Emmanuel Grimm						How related to deceased			son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Killed by train at How long
Immediate Phoenix bridge How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

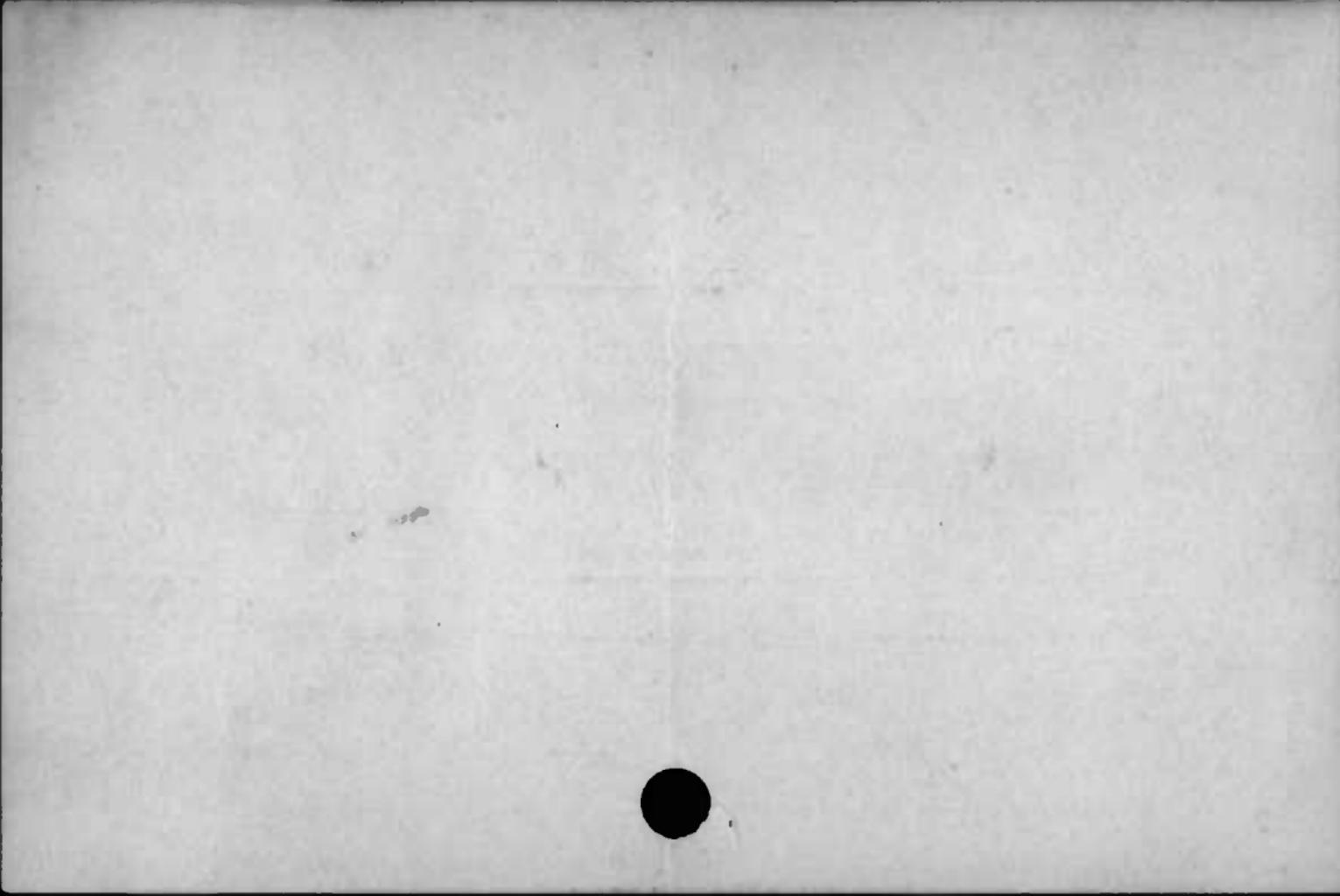
Address

Wilmer C Eason

Cockeyville, Md.

Accident or Suicide?

Accident John de Lourdes Coroner



Name
in
Full

Frank Gross

CERTIFICATE OF DEATH

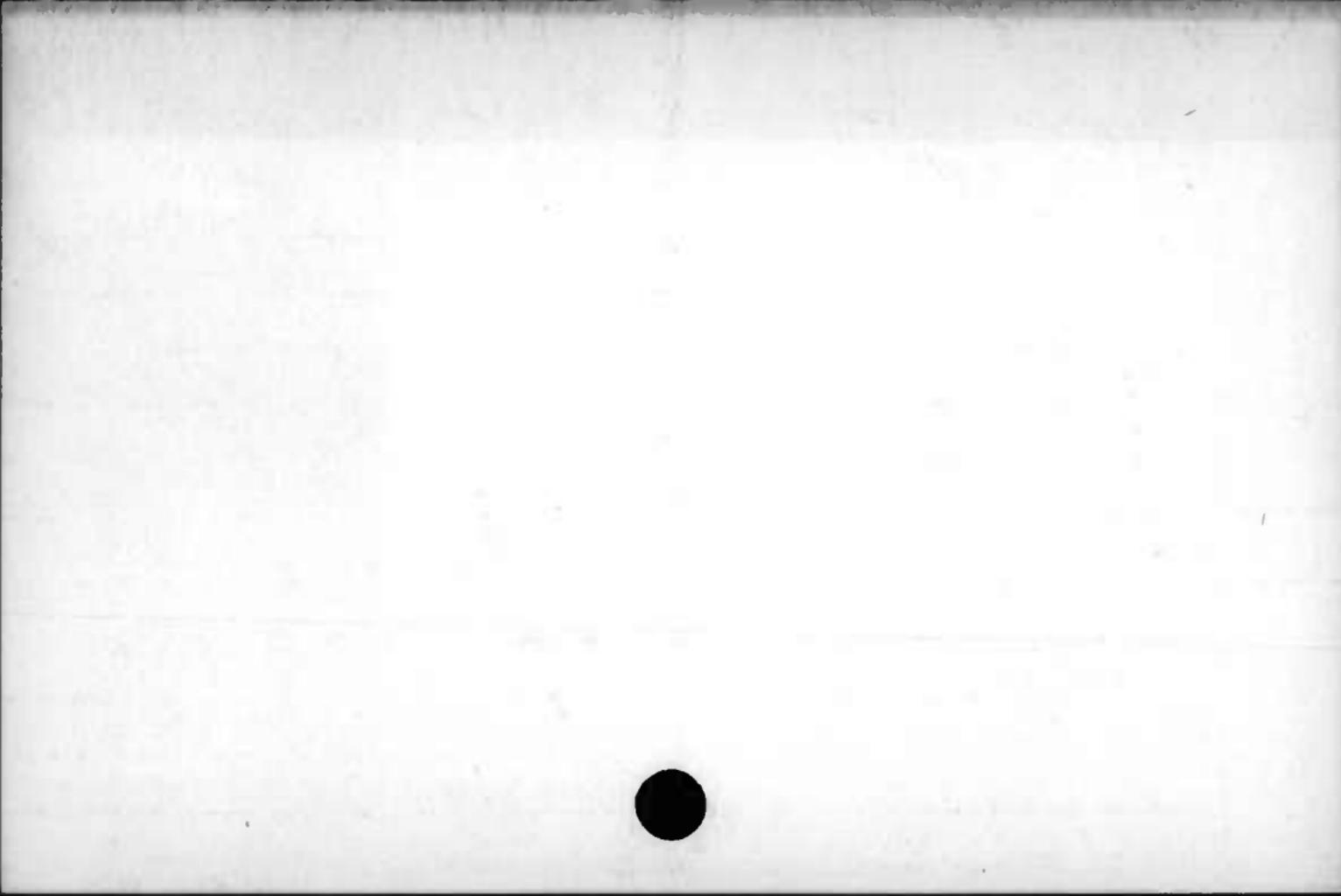
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harrows Point</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>Nov 7 1905</u>	Month <u>Nov</u>	Day <u>7</u>	Age <u>16</u>	Years	Months
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Penns</u>		Days	
Occupation <u>Labourer</u>		Where Residing if not at place of death <u>Harrows Point</u>			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

for Blair

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	160	How long
	Immediate <i>Accident</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address	
Accident or Suicide?		<i>for Blair J. P. Harrows Point Md.</i>	



Name
in
Full

Henry P. Hager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Highlandtown	Baltimore			
Date of death	Month	Day	Years	Months	Days
1905	11	26	Age 25	4	16
Sex	Male	Color or Race	White	Birth-place	Baltimore.
Occupation	Baker	Where Residing if not at place of death 413½ Eastern Ave			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Nicolas Hager		Father's Birthplace	Germany	
Mother's Maiden Name	Mary		Mother's Birthplace	" "	
Name of person giving information	Mary Hager		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

(9)

How long

5 days

Immediate

Coronae

How long

10 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. A. Hager
1120 Highland Ave

Accident or Suicide?

1120 Highland Ave



Name
in
Full

Grace M. Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Goravestown</u>		County <u>Baltimore</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>30</u>	Years <u>24</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Baltimore</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>Goravestown Md</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Henry W. Hanna</u>	Father's Birthplace <u>Norfolk C. Md</u>				
Mother's Maiden Name <u>Astucia Medaury</u>	Mother's Birthplace <u>Baltimore Md</u>				
Name of person giving information <u>Henry W. Hanna</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis (Pulmonary)</u>	How long <u>about 2 years</u>
Immediate <u>Heart Failure</u>	How long <u>few moments</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. M. Deaneau</u> Address <u>Goravestown Md</u>
Resident or Suicide? <u>—</u>	

Evans & Spence
Baltimore,

Churchville

Thurford Co

Ind

Ada C. Hastings

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	56	9	
Occupation	None		Where Residing if not at place of death	Lutherville Md.		
Married, Single or Widowed	Married	Name of wife or Husband	Robert J. Hastings			
Father's Name	Wm. A. Hileig		Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Robert J. Hastings		How related to deceased	Husband.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carcinoma 15 How long 2 years

Immediate Spinal metastasis - Paraplegia How long 2 mo

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. F. A. Kemp
8 W 26th

Accident or Suicide?

~~London Park Cemetery~~

~~Henry W. Mearns Jr.~~

Name
in
Full

Budget Hays

CERTIFICATE OF DEATH

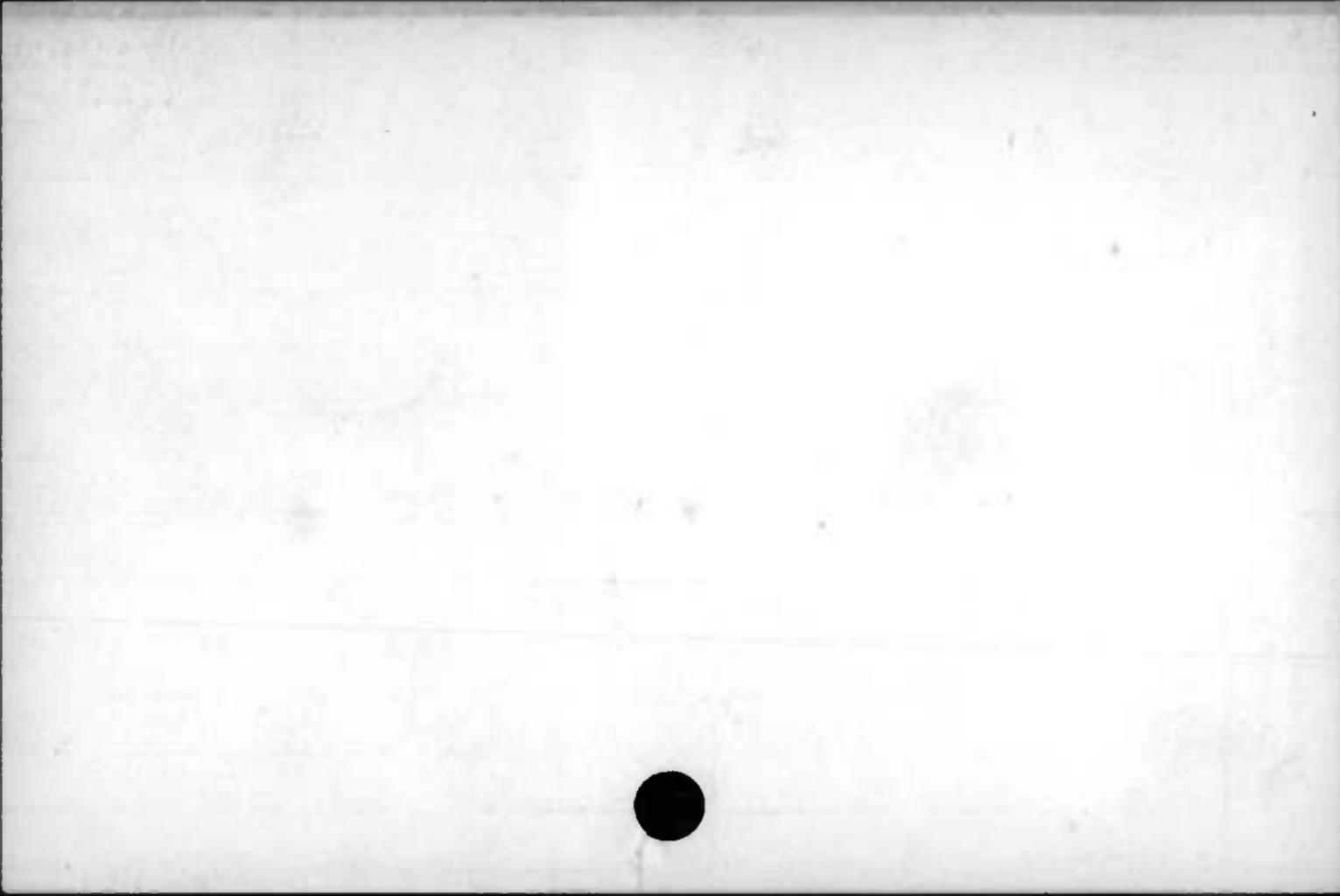
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905	Month 11	Day 17	Age 53	Years	Months	Days	
Sex Female	Color or Race white			Birth- place Ireland			
Married, Single or Widowed Married	Occupation Home						
Name of Wife or Husband Thomas Hays							
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information John Hays					How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Initial Severe	How long 1 yr
Immediate Heart Failure	How long At home
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician D H Beeton M.D.
	Address 707 Washington
Accident or Suicide?	



Name
in
Full

Harry Morgan Harmon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
1905	Md Line	Baltimore		1	15
Date of death	Month	Day	Age	Months	Days
Sex	male	Color or Race	white	Birth-place	Md Line
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Samuel Harmon			Father's Birthplace	Pa
Mother's Maiden Name	Ida Keys			Mother's Birthplace	Md
Name of person giving Information	Ida Harmon			How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(X)

How long

2 days

Immediate

Suffocation

How long

a instant

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

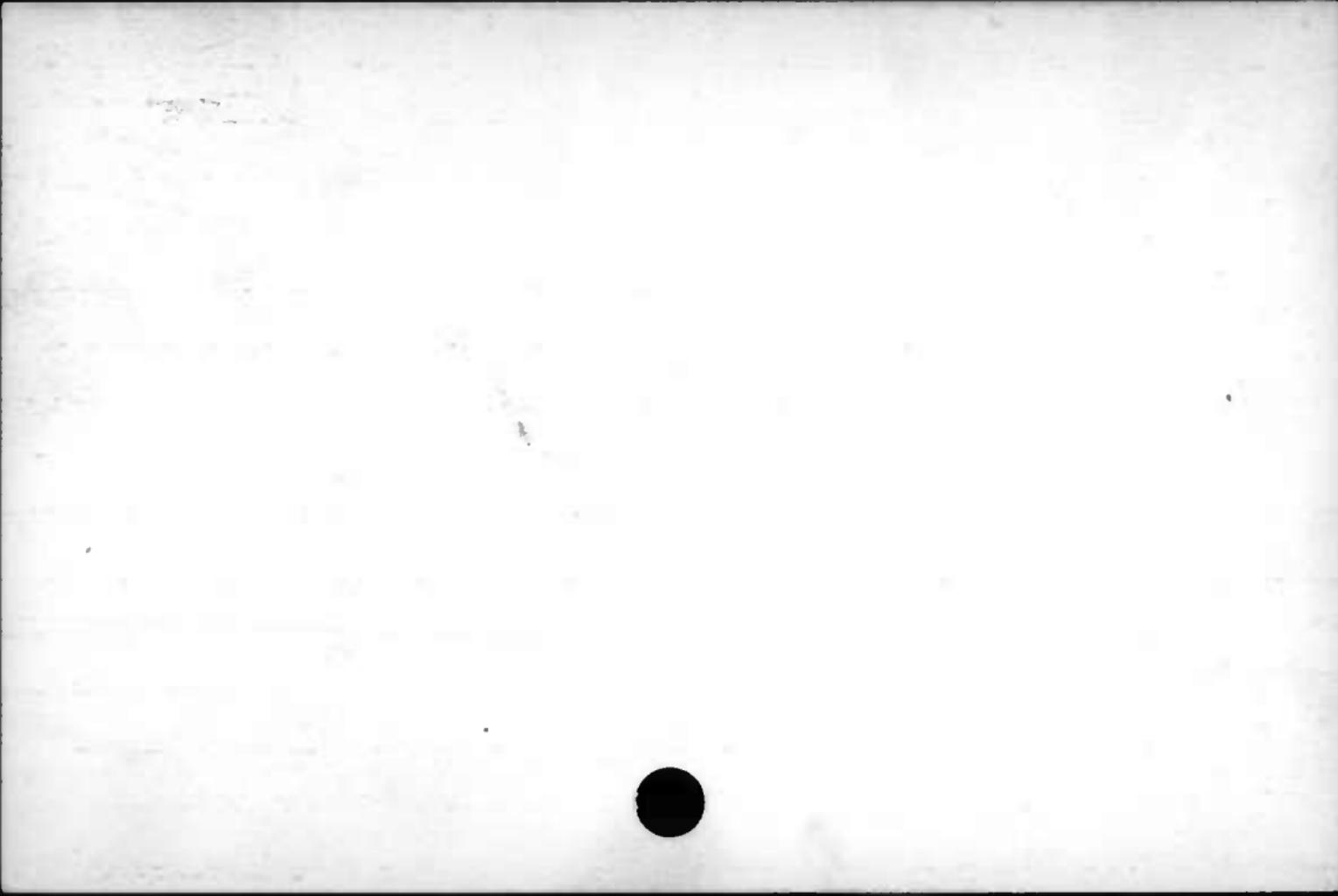
Daniel Morgan

Address

Maryland Line

Md

Accident or Suicide?



Name
in
Full

John M. Boen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Long Green</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Oct.</u>	Day <u>28</u>	Years <u>18</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Baltimore Md.</u>		
Occupation <u>—</u>		Where Residing If not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>John Boen</u>			Father's Birthplace <u>Baltimore Md.</u>			
Mother's Maiden Name <u>Alice M. Kyce</u>			Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Frank Kirkwood</u>			How related to deceased <u>No</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary tuberculosis</u>	How long <u>2 years or longer</u>
Immediate <u>General</u>	How long <u>4 months or more</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>	Signature of Physician <u>Wm. S. Green -</u>
	Address <u>Gillings Md.</u>
Accident or Suicide? <u>—</u>	

206

Albin Hofstetter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Male	Color or Race	White		Birth-place	Md.	
Occupation	None						
Married, Single or Widowed	Single						
Father's Name	Albin Hofstetter						
Mother's Maiden Name	Wally Schubauer						
Name of person giving Information	Wally Hofstetter						
Where Residing if not at place of death							

CAUSES OF DEATH

Primary

Meuringitis
cardiac failure

How long

7 Days.

Immediate

How long

- -

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. A. Glantz
41 Eastern Ave.PHYSICIAN
OR CORONER

Accident or Suicide?

Sacred Heart Cemetery

Nov. 30th 1905

Germanus Fransse

in der latein

Not named Hoek (a. m.)

Town Lutterville County Baltimore MARYLAND

Died at Lutterville Month Nov Day 6 Y. 38 M. hours D. hours Native of — Occupation —

Date 1895- Nov 6 Age 38 hours hours Native of — Occupation —

White White Married Married Widow Widow Divorced Divorced

Female Female Colored Colored Single Single Widower Widower Number of children living —

Husband of —

Wife —

Father's Name George Hoek Mother's Name Russia Ray, Helen

How long sick 38 hours

Cause of Death Primary Valvular Insufficiency Immediate —

How long sick 38 hours

Accident, Suicide, Homicide

Reported by Z. F. L. Smith

Address Rider, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

W. E. L. 1861

Name
in
Full

Isaac Iler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Butler	Baltimore	Months	Days
Date of death	Month	Day	Years	
1905	11	14	45	
Sex	Male	Color or Race	Birth-place	
Occupation	Labour		Where Residing if not at place of death	Butler Md
Married, Single or Widowed	married	Name of Wife or Husband	Tela M Iler	
Father's Name	Legitimate		Father's Birthplace	
Mother's Maiden Name	Frannie Iler		Mother's Birthplace	Don't know
Name of person giving information	Wife		How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gyphad fever	How long	16 days
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. L. Fraah
		Address	Butler Md
Accident or Suicide?			

Mme C Brooks

Name
in
Full

Martha Ismack

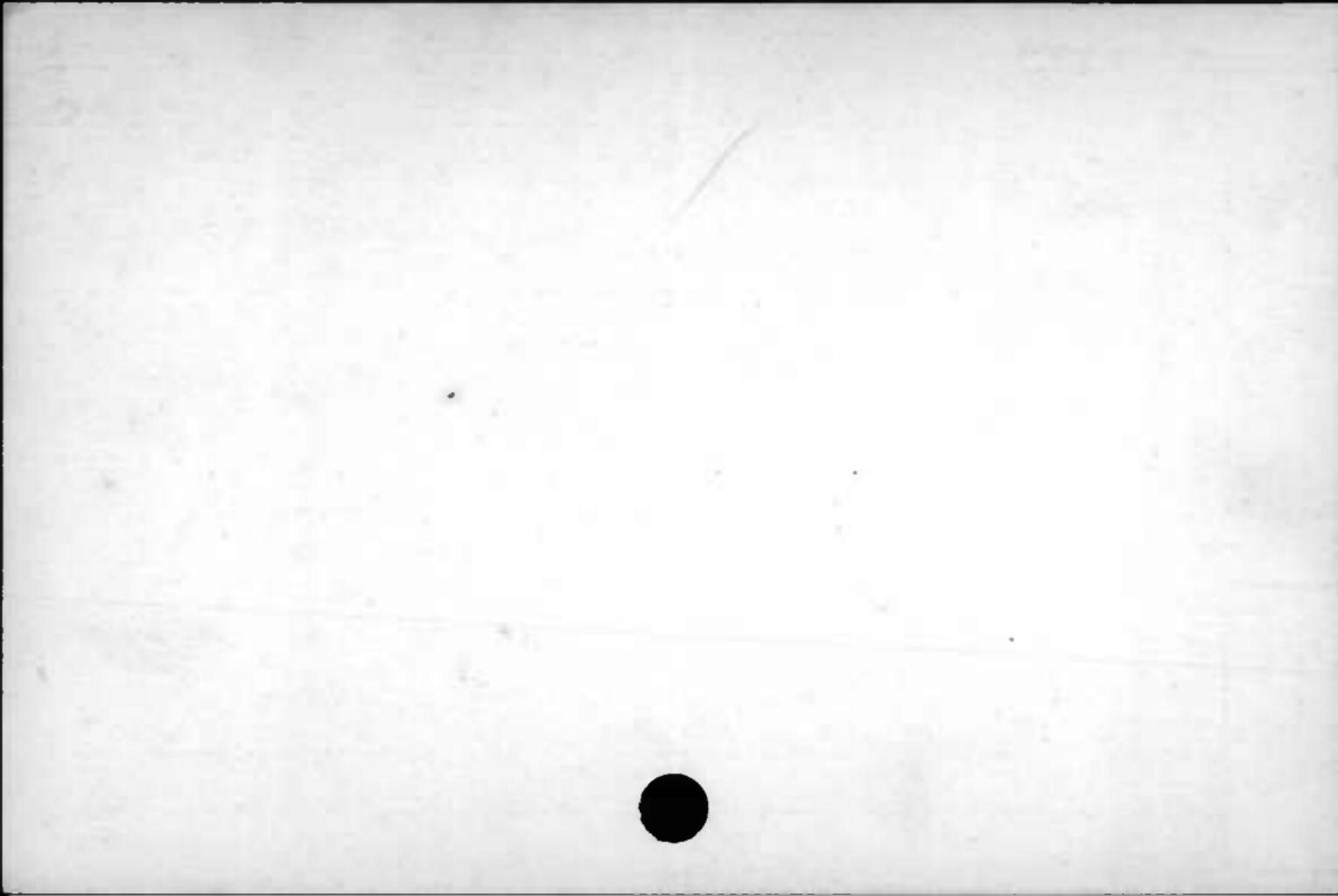
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Spannaw's Point		Bill				
Date of death	1905	Month 11	Day 14	Age 4	Years	Months Days
Sex	Female	Color or Race	white	Birth-place	Spannaw's Point	
Occupation	House		Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband	—		
Father's Name	Allie Ismack		Father's Birthplace	Md		
Mother's Maiden Name	Tola McCleary		Mother's Birthplace	Md		
Name of person giving Information	Allie Ismack		How related to deceased	Foster		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Diphtheria	⑨	How long	6 days
	Immediate	Paralysis of heart		How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. Woodward 8108	
			Address	Spannaw's Point Md.	
Accident or Suicide?					



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Mary N James.

CERTIFICATE OF DEATH

Died at <u>Delight</u> Town		County <u>Baltimore</u>			MARYLAND	
Date of death <u>1903 Nov.</u>	Month	Day <u>12</u>	Years <u>68</u>	Age <u>68</u>	Months <u>9</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>				
Occupation <u>House keeper</u>	Where Residing if not at place of death <u>Delight</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Mrs R James</u>					
Father's Name <u>David Donaldson</u>	Father's Birthplace <u>Baltimore Md</u>					
Mother's Maiden Name <u>Sarah A. Campbell</u>	Mother's Birthplace <u>Pa.</u>					
Name of person giving information <u>Geo W Donaldson</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

51

How long

3 or 4 years

Immediate

Heart Failure

How long

one week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Rawlings
Glyndon Md

Accident or Suicide?

Name
in
Full

William Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Johnson	County Baltimore		MARYLAND	
Date of death 1905	Month Nov	Day 6 th	Years Age 56 to 60		Months	Days
Sex Male	Color or Race Black	Occupation Laborer		Birth- place Baltimore County		
Married, <u>Single</u> or Widowed						
Name of Wife or Husband Hannie						
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information Lewis Chancy					How related to deceased No relation	

CAUSES OF DEATH

Primary	Paralysis	How long 15 years
Immediate	General Debility	How long 2 years
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. G. B. Garrett
		Address Johnson
Accident or Suicide?		

PHYSICIAN
OR CORONER

Robert A Elliott
~~208~~ 508 Rogers Ave

Zion Cemetery -

Name
in
Full

Lucy J. Gordon

CERTIFICATE OF DEATH

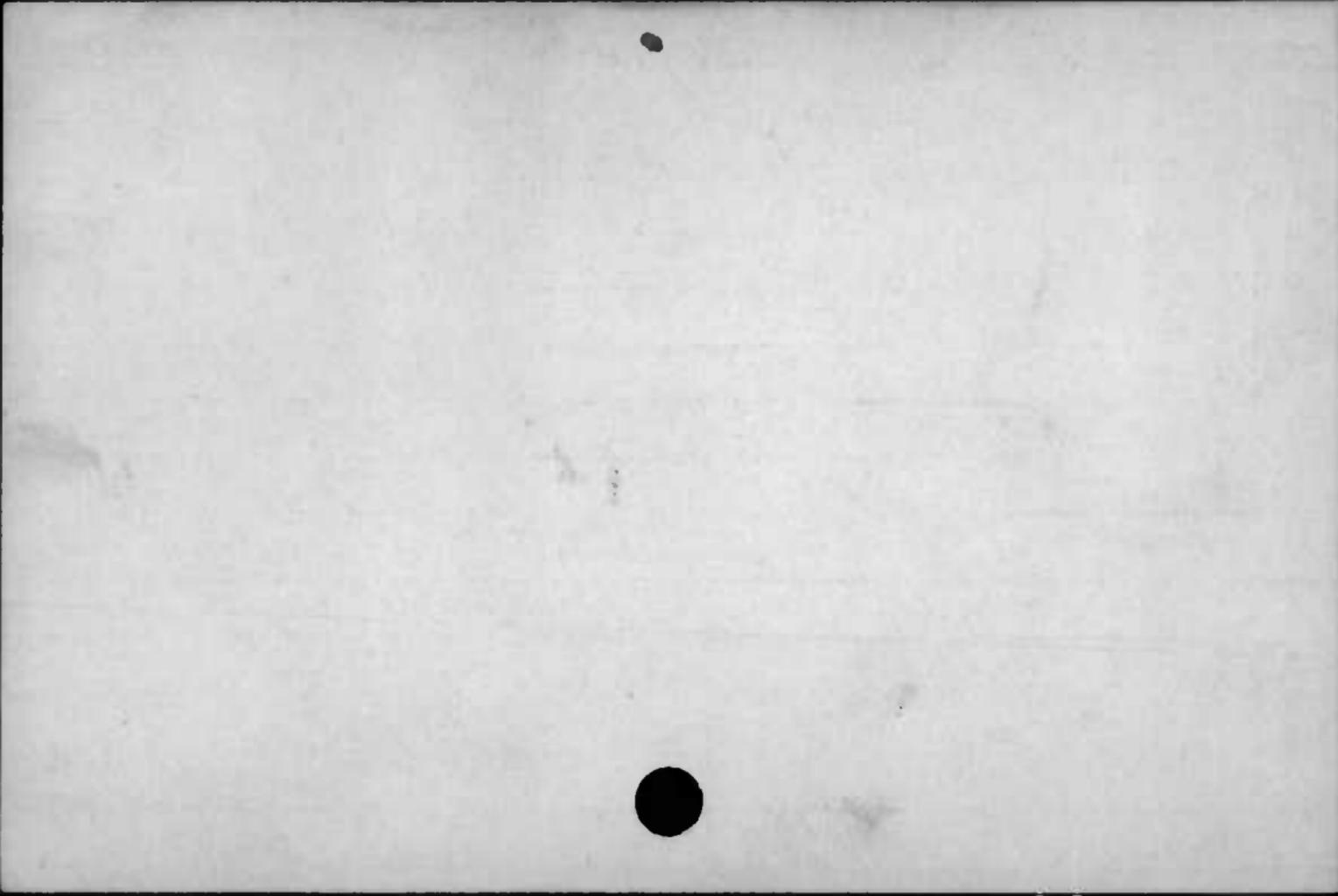
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Aug	24	61	4	12	
Sex	Color or Race	Where Residing if not at place of death		Birthplace		
Occupation	Colored	Nashville		Ga		
Married, Single or Widowed	Name of Wife or Husband	Harvey Gordon		—		
Father's Name	—		Father's Birthplace		—	
Mother's Maiden Name	—		Mother's Birthplace		—	
Name of person giving Information	—		How related to deceased		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Double pneumonia	How long	4 days
Immediate	Pneumonia	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G.W. Klemard
—		Address	708 Trevor St
Accident or Suicide?		—	



Name
in
Full

George F Kalt

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town Balonente	County Balto	MARYLAND		
Date of death	Month Nov	Day 3	Years Age	24	Months Days
Sex	Male	Color or Race	White	Birth- place	Md
Occupation	Physician		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George S. Kalt		Father's Birthplace	Md	
Mother's Maiden Name	Catherine		Mother's Birthplace	"	
Name of person giving Information	Geo S. Kalt		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs
Immediate	Cardiac Syncope	How long	few minutes

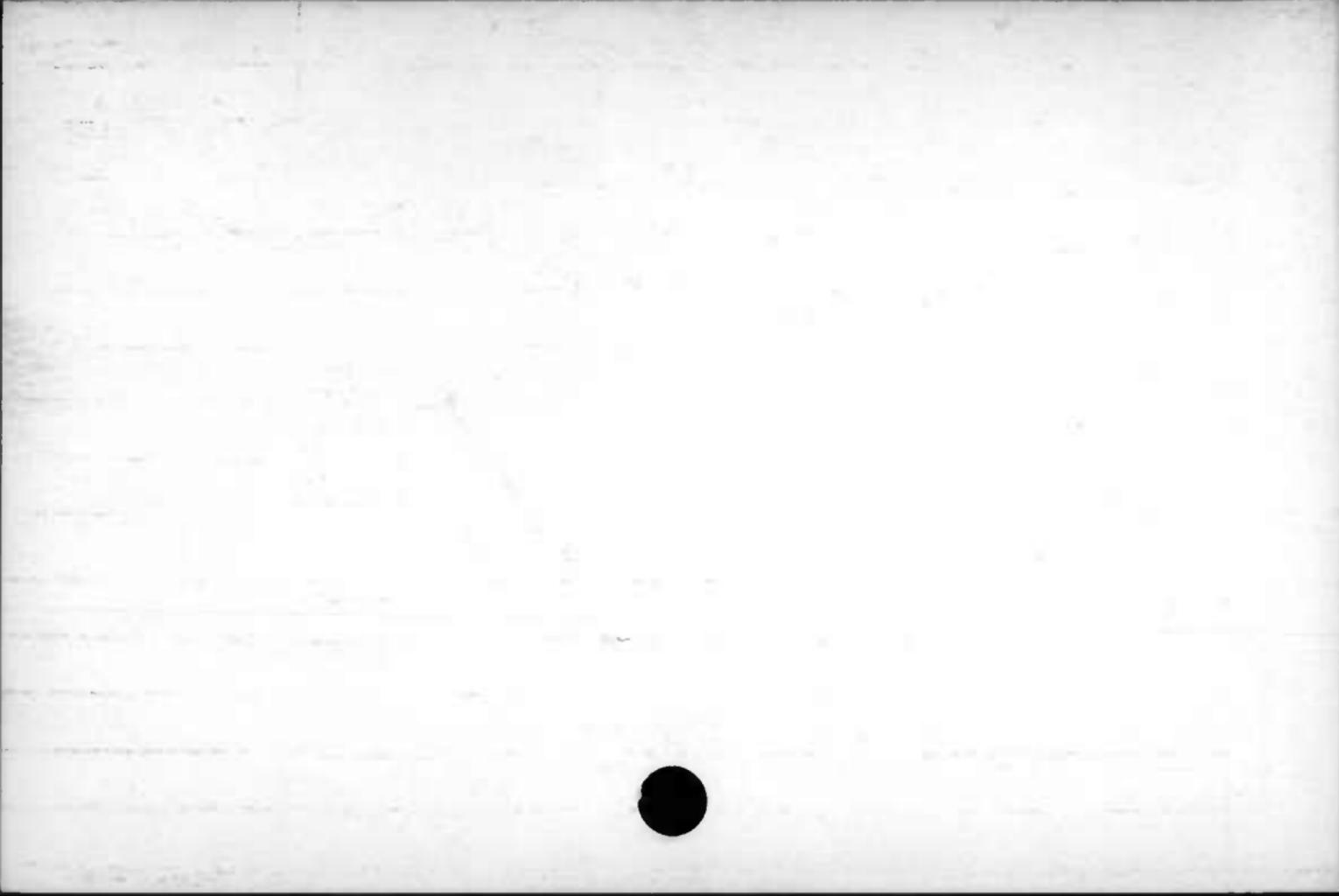
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Charles J. Wallfeld MD
Balonente Md.

Accident or Suicide?



Name
in
Full

Mathias Kern

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		C			
Father's Name	Not Known		C			
Mother's Maiden Name	n		C			
Name of person giving information	Charles Kern		C			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

(No)

How long

2 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. W. Schaefer, M.D.
107 B Canton St.

Accident or Suicide?

Sacred Heart
St. Yondeville, France

Name
in
Full

Agnes Loretta Kueball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Die at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months
Sex	Color or Race	Age	6 weeks	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Jas. W. Kueball		Father's Birthplace	Baltimore
Mother's Maiden Name	Julia Clancy		Mother's Birthplace	Maryland
Name of person giving information	Julia Kueball		How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria		How long	3 weeks
Immediate	Heart failure		How long	but few minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. L. Duncan	
		Address	Gorhamtown Md	
Accident or Suicide?				

Cathedral Cemetery
Balto City
Nov 18/05

H. C. Wiedfeld
914 Greenmount Ave.

Charles H. Koch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Canton</u> Town		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>11</u>	Day <u>11</u>	Age <u>6</u>	Years <u>6</u>	Months <u>0</u>	Days <u>10</u>
Sex <u>M</u>	Color or Race <u>W</u>				Birth-place <u>Canton</u>	
Occupation <u>None</u>	Where Residing if not at place of death					
<u>Married, Single or Widowed</u>	<u>Name of Wife or Husband</u>					
Father's Name <u>Henry W. Koch</u>				Father's Birthplace <u>3rd</u>		
Mother's Maiden Name <u>Emma Schorr</u>				Mother's Birthplace <u>3rd</u>		
Name of person giving Information <u>Henry W. Koch</u>				How related to deceased <u>Father</u>		
CAUSES OF DEATH						
Primary	<u>Pneumonia</u>				How long <u>3 days</u>	
Immediate	<u>asthma</u>				How long <u>1 day</u>	

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

David S. Jones
316 O'Donnell St.

Accident or Suicide?



Name
in
Full

John Kologee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} North Point Road Baltimore		^{County}	MARYLAND		
Date of death	Month 1905 Nov	Day 30 th	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Where Residing if not at place of death North Point Road				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Kologee				
Mother's Maiden Name	Teresa Rakoska				
Name of person giving information	Teresa Kologee				
CAUSES OF DEATH					

Primary

Premature Birth

How long

How long

Immediate

exhaustion

0 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

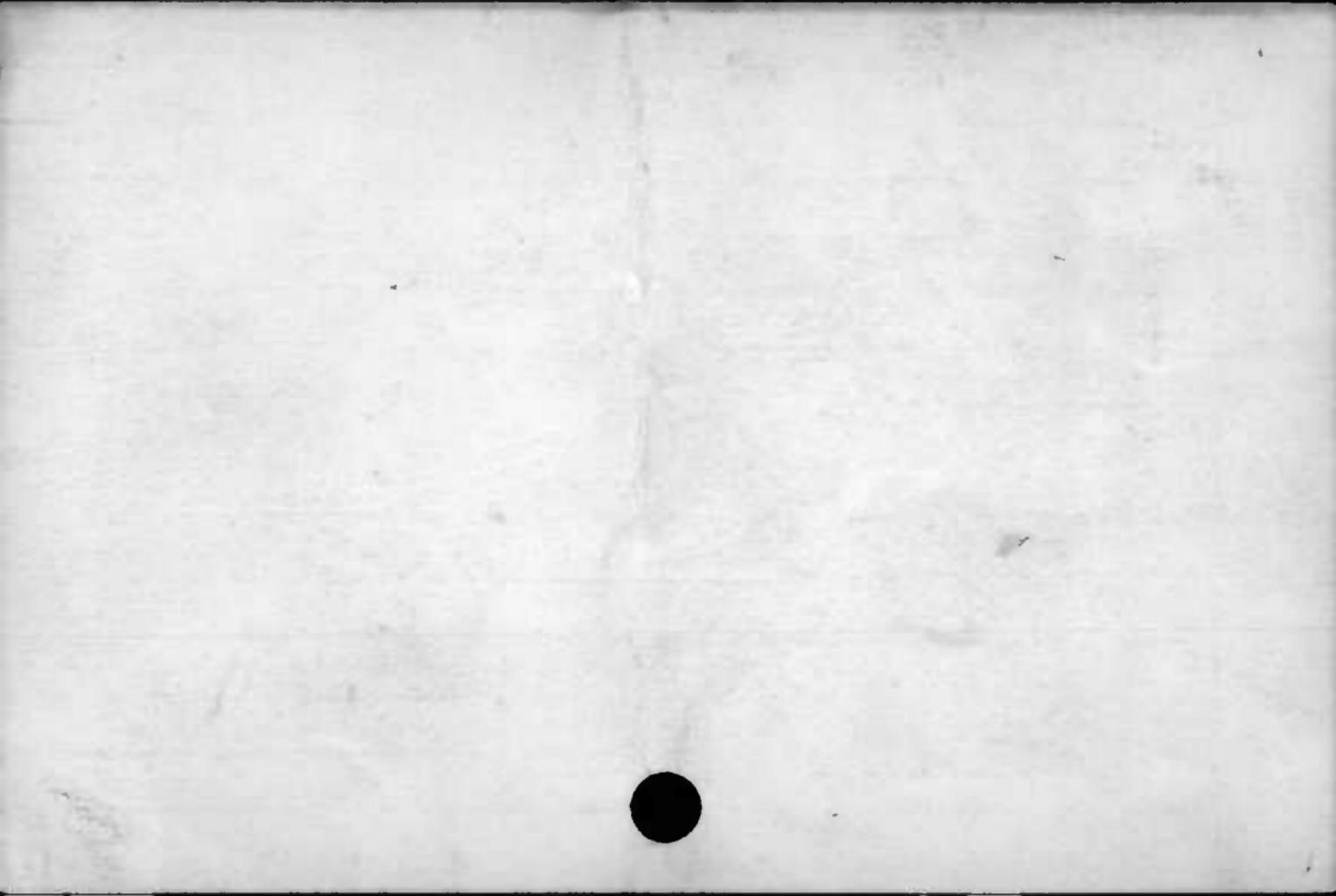
G. O. McCormick M.D.

Spannos Point
Md

PHYSICIAN
OR CORONER

Accident or Suicide?

no



Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
Sex	Color or Race		Age		Birth-place		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Stanislaus Kowalewski				
Father's Name	Zelichowski		7		Father's Birthplace	Poland.	
Mother's Maiden Name	Not Known		X 20		Mother's Birthplace	Not Known	
Name of person giving Information	St. Kowalewski		X 20		How related to deceased	Husband	

CAUSES OF DEATH

Primary	Chronic Parenchymatous Nephritis		How long	about a year
Immediate	Cardiac Hypertrophy		How long	about one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mehk A. Komadi, M.D.	
yes		Address	No. 4421, Baltimore, Md.	
Accident or Suicide?		Baltimore, Md.		

Jacob Fialowski

St. Stanislaus Om.

Esther Chew Latterbuck

CERTIFICATE OF DEATH

MARYLAND

Died at Sparrows Point		Town Baltimore		County	
Date of death	1905	Month Nov.	Day 14 th	Years	Months
Age				3	2

Sex	Female	Color or Race	white	Birth-place	Sparrows Point
-----	--------	---------------	-------	-------------	----------------

Occupation	—	Where Residing if not at place of death	—
------------	---	---	---

Married, Single or Widowed	Name of Wife or Husband
----------------------------	-------------------------

Father's Name	Edward Latterbuck
---------------	-------------------

Mother's Maiden Name	Edith M. Benton
----------------------	-----------------

Name of person giving information	Mrs. R. J. Benton
-----------------------------------	-------------------

Father's Birthplace	Va
---------------------	----

Mother's Birthplace	N.J.
---------------------	------

How related to deceased	Grand-mother
-------------------------	--------------

CAUSES OF DEATH

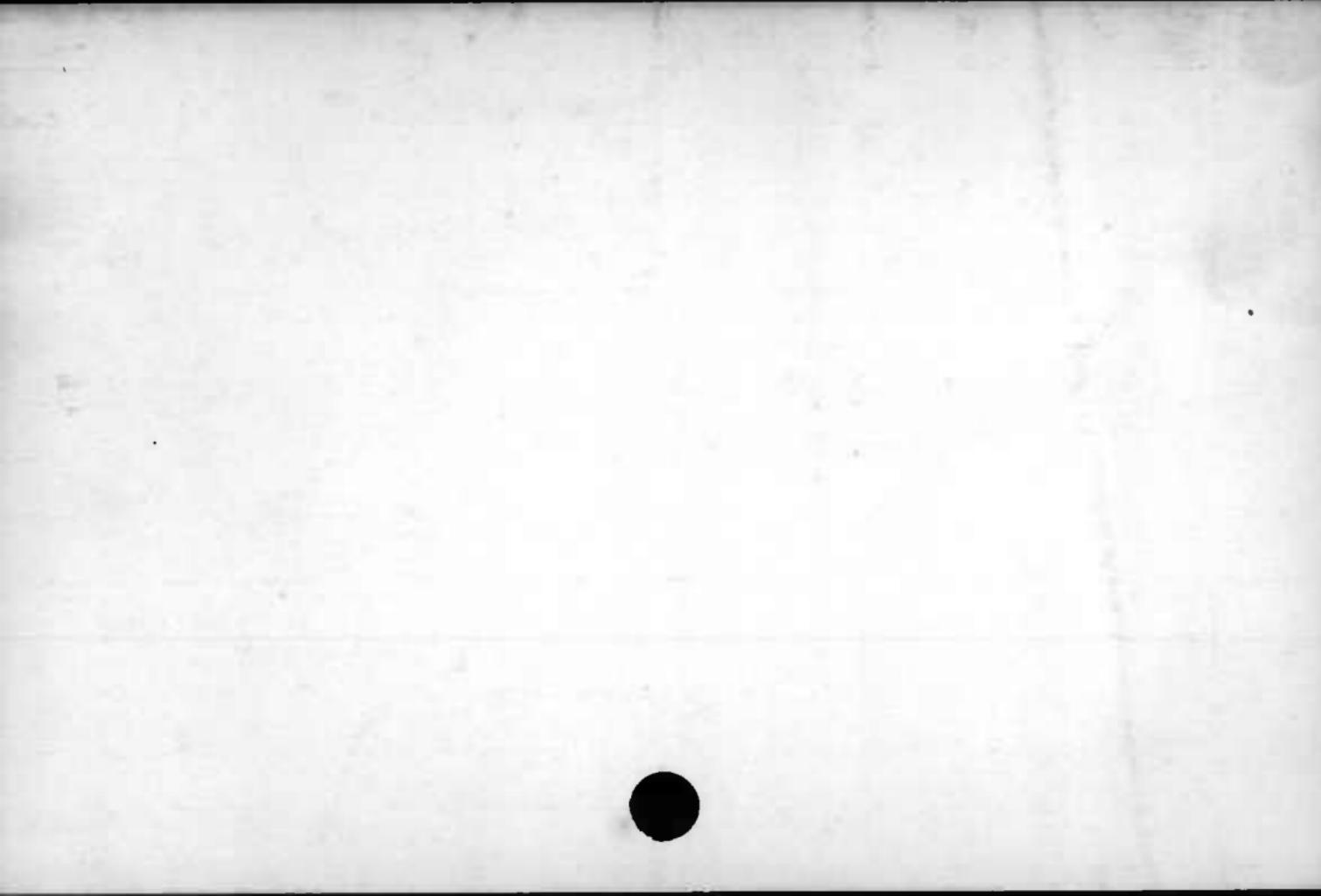
Primary	Cerebral Congestion	How long
---------	---------------------	----------

Immediate	Convulsions	How long
-----------	-------------	----------

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
--	-----	------------------------

Address	G. W. Compton, M.D. Sparrows Point Md.
---------	--

Accident or Suicide?



Name of Child

Certificate of Birth

George Arthur Lawrence

Town

County

Born at

Catoctinville, Baltimore Co

MARYLAND

Date 1905

Month

Day

White

Male

Living

Number of Child: 1st ~~1~~

Father's

Name in Full

Nov. 23

Colored

Female

Stillborn

4th 5th 6th 7th 8th 9th

Age

Occupation

Arthur George Lawrence

Birthplace

Coal & Wood Charles Co. Md -

Mother's

Maiden Name

Antoinette Seeno

Age

Occupation

— wife - Birthplace Rochester, N. Y -

Reported by

Jahnsch

Physician, Midwife, Parent

Address

1025 Mad. ave -

If child is not named, send name as early as possible.

Sept 16-1912

Reg # 30

Local Reg. Marshall B. Wist-

Name
in
Full

Infant of Andrew & Rosa Lawrence

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
HighlandtownCounty
Baltimore.

MARYLAND

Date
of death 1907 Nov.

Month

Day

Years

Days

Age

Months

Born

Sex

Male

Color or
Race

White

Birth-
place

Ball. Me

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Andrew C. Lawrence

Father's
Birthplace

Ma

Mother's
Maiden Name

Rosa Levin

Mother's
Birthplace

" f

Name of person giving
Information

Jackson

How related
to deceased

Jackson

CAUSES OF DEATH

Primary

Premature Birth

How long

—

Immediate

Asphy. Liv

How long

In utero

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. C. Blades, MD

Address

124 Jackson Place

PHYSICIAN
OR CORONER

Accident or Suicide?

Mt. Carmel
Henderson.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Spacious Point</u>		Town	County <u>Baltimore</u>	MARYLAND	
Date of death <u>1905</u>	Month <u>Nov.</u>	Day <u>4</u>	Years <u>73</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Mary Lee</u>				
Married, <u>—</u> or Widowed	Name of Wife or Husband <u>Mary Lee</u>	Father's Birthplace <u>Ireland</u>			
Father's Name <u>Jeremiah Levill</u>	Mother's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Margaret Fitzpatrick</u>	How related to deceased <u>Son</u>				
Name of person giving information <u>Michael Lee</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

3 months

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

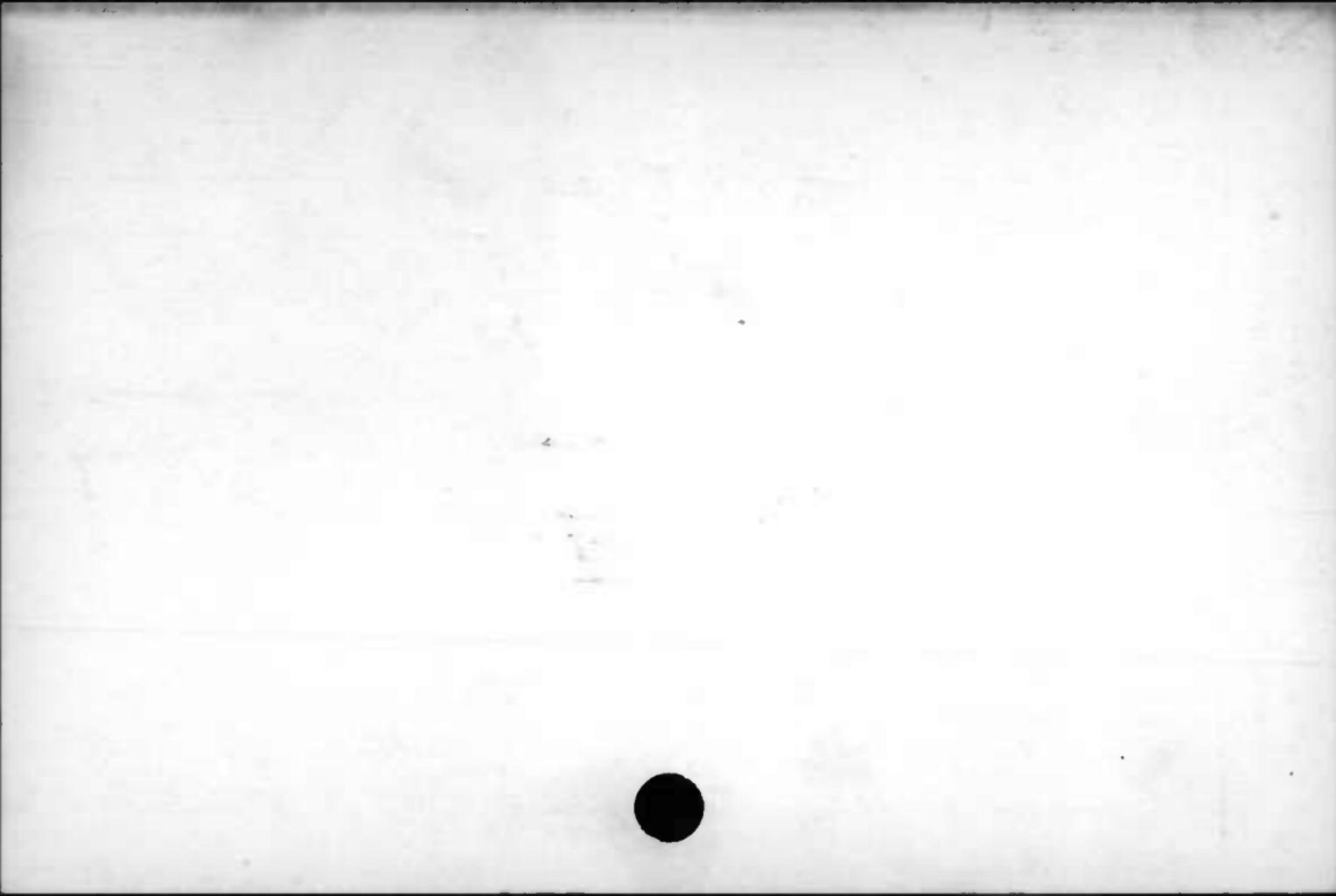
yes

Signature of Physician

Address

F. male to Eldred
Spacious Point

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Leusz

CERTIFICATE OF DEATH

Died at 711 S East ave		Town Balt	County	MARYLAND		
Date of death 1905	Month Nov	Day 17 th	Years 77 yrs	Months 2	Days 3	
Sex Male	Color or Race white	Where Residing if not at place of death 711 S. East ave		Germany		
Occupation house	Name of Wife or Husband Mary Leusz		Father's Name not Known		Father's Birthplace Germany	
Married, Single or Widowed Widower	Mother's Maiden Name " "		Mother's Birthplace "		Mother's Birthplace "	
Name of person giving Information Barbara Borliss	How related to deceased Daughter					

CAUSES OF DEATH

Primary

Senility

How long

—

Immediate

Asthenia

How long

6 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

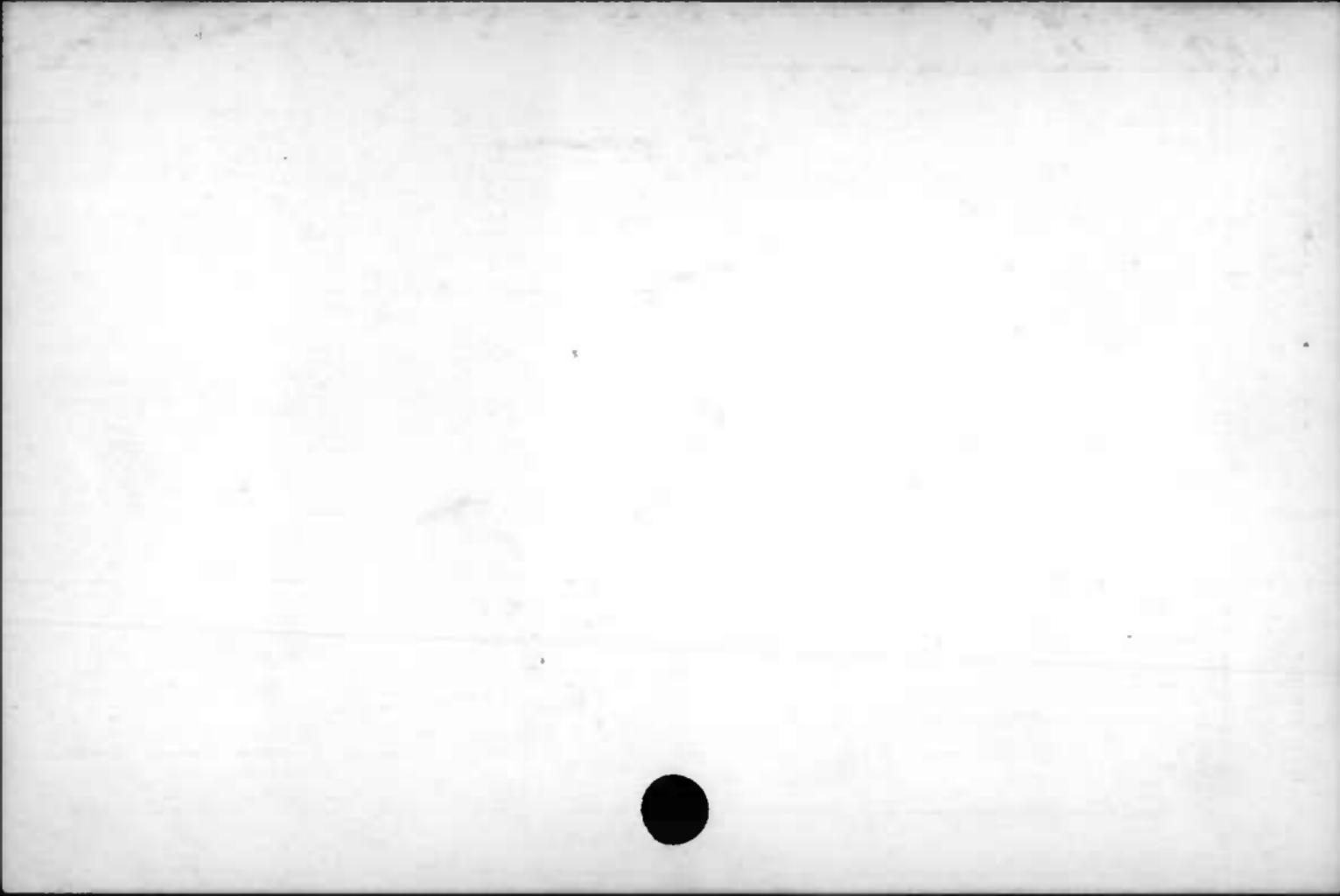
Signature of Physician

M. J. McCaughan
839 S. Calvert St.

Address

Baltimore, Md.

Accident or Suicide?



Name
in
Full

May J. Le Noir

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gowantown</u>		Town <u>Balto</u> County <u>Baltimore</u>		MARYLAND	
Date of death <u>190</u>	Month <u>Nov</u>	Day <u>27</u>	Years <u>54</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Md</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>Gowantown Md</u>				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband				
Father's Name <u>A J Keller</u>	Father's Birthplace <u>Balto Md</u>				
Mother's Maiden Name <u>Margaret Retassel</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Andrew J Keller</u>	How related to deceased <u>Brother</u>				

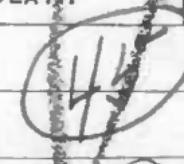
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer

How long

2 yrs.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. L. Duncan
Gowantown

Accident or Suicide?

Geo Schilling
Monument & August 55

Landon Park

Name
in
Full

Lacy Lillian Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Nov	Day 30	Age 72	Months 3	Days 8
Sex Female	Color or Race white	Occupation child			
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name	Frank Lewis		Father's Birthplace	Philadelphia Pa.	
Mother's Maiden Name	Edith Lillian Besson		Mother's Birthplace	Baltimore city	
Name of person giving Information	Frank Lewis		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meimritis

(6)

How long

24 hours

Immediate

Convulsions

How long

24 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. C. Rosefield

Address

124 (Governor) Balto. Md.

Accident or Suicide?

John B. Cook Undertaker
London Park Cem

Dec 3, 1905,

Name
in
Full

Margaret Lindsay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town		County		MARYLAND	
Died at Date of death 1905	Month Mar	Day 27	Years -	Months 2	Days -
Sex Female	Color or Race Col	Occupation		Where Residing if not at place of death Sparrow's Pt.	
Married, Single or Widowed -	Name of Wife or Husband -	Father's Name Joseph Lindsay		Father's Birthplace Va.	
Mother's Maiden Name Martha S. L.	Name of person giving Information Joseph Lindsay	Mother's Birthplace Va.		How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

How long

5 hours

Immediate

Exhaustion

How long

5 hours

Are the name, age, sex, color, date
and place correctly given above?

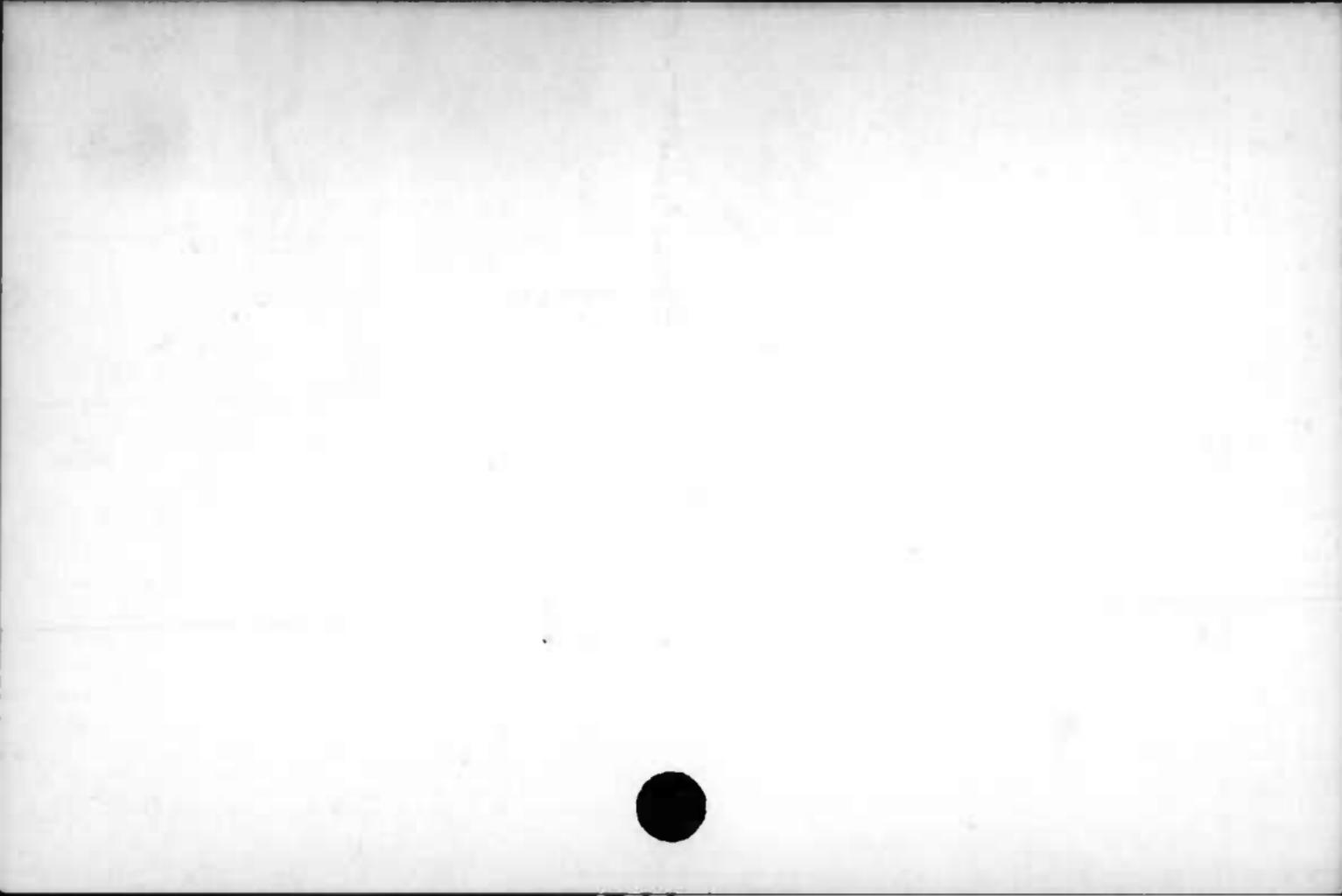
yes

Signature of
Physician

Address

H. K. Petekasinsky
Sparrow's Pt.,
Md.,

Accident or Suicide?



Name
in
Full

Michael Link

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County
Died at 1426 Third at. Highlandtown, Balt.	MARYLAND
Date of death 1905 Mar 22	Years 70
Month	Months 3
Day	Days 28
Age	
Sex Male	Color or Race White
Occupation Butcher	Birthplace Germany
Married, or Widowed	Where Residing if not at place of death
Father's Name	Father's Birthplace
Mother's Maiden Name	Mother's Birthplace
Name of person giving Information	How related to deceased
John H. Link / Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy.



How long

5 mos

Immediate

Exhaustion,

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jas. L. Grayson
Fluid & Tough
Highlandtown

Accident or Suicide?

No

Birkler & Birkler

1739 E. Eager st

Name
in
Full

John R. Little

CERTIFICATE OF DEATH

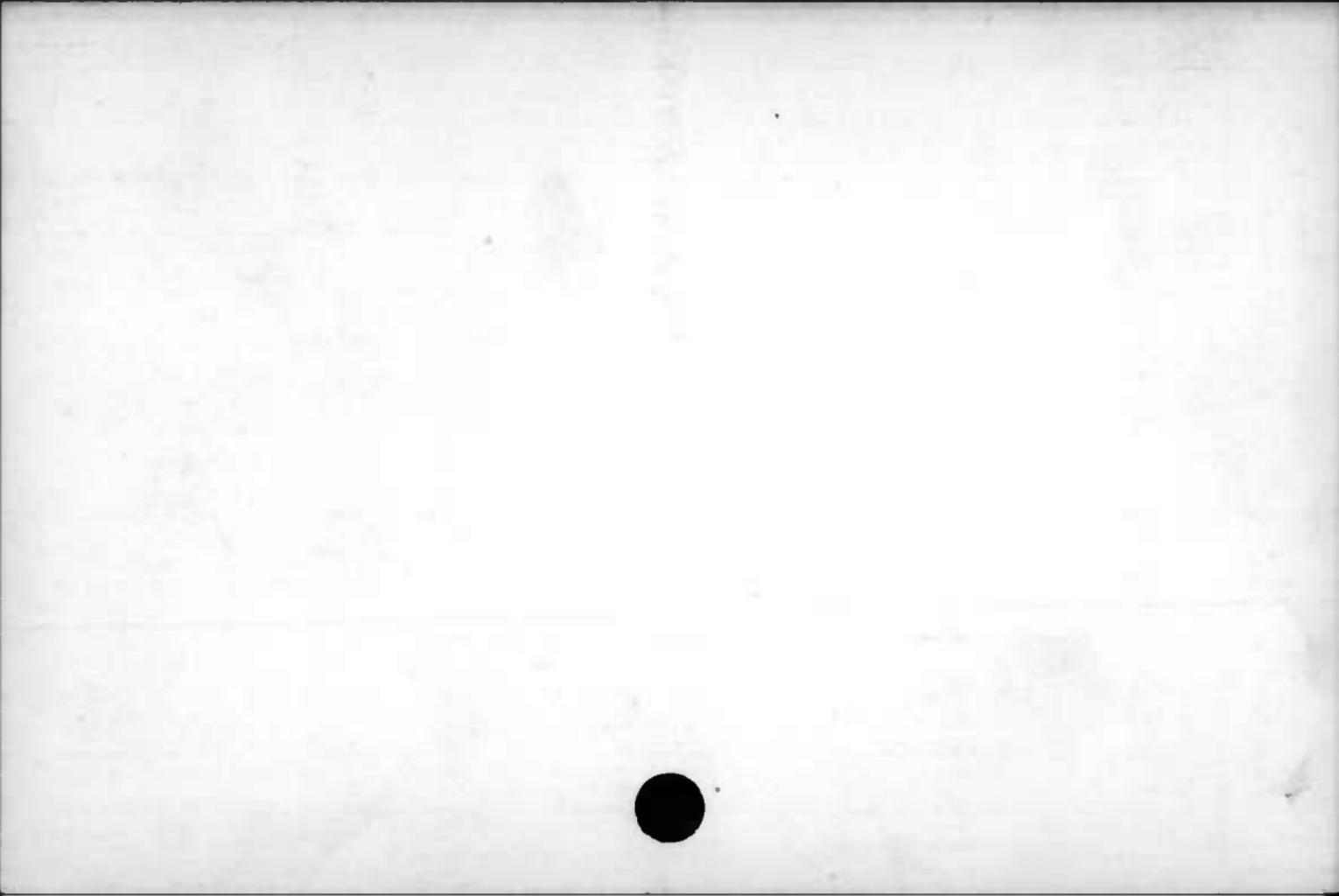
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Nov.	14	Age 51	6	14	
Sex	Male	Color or Race	White	Birth-place	H. J.	
Occupation	Chemist	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Elizabeth Garrett.			
Father's Name	John Little		Father's Birthplace	—		
Mother's Maiden Name	Margaret Buchanan		Mother's Birthplace	—		
Name of person giving information	Mrs Elizabeth Little		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Natural Insufficiency		How long	Survived years.
Immediate	Cerebral Embolism		How long	7 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. C. Elcock, M.D.	
yes		Address	Spurr's Point Md	
Method of Death				



Name
in
Full

Patricia Beld Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cockeysville		Town Baltimore		County Baltimore		MARYLAND		
Date of death	1905 Nov	Month Nov	Day 11	Years Age	2 hours	Munths	Days	
Sex Male	Color or Race white	Birth- place Cockeysville, Md						
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Sophie	Name of Wife or Husband						
Father's Name	John F. Long	Father's Birthplace Shawan Md						
Mother's Maiden Name	Rosella Wetmore	Mother's Birthplace Virginia						
Name of person giving Information	Mother Mrs. R. Long	How related to deceased Mother						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature birth - 7 months

How long

—

Immediate

Non-viability

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

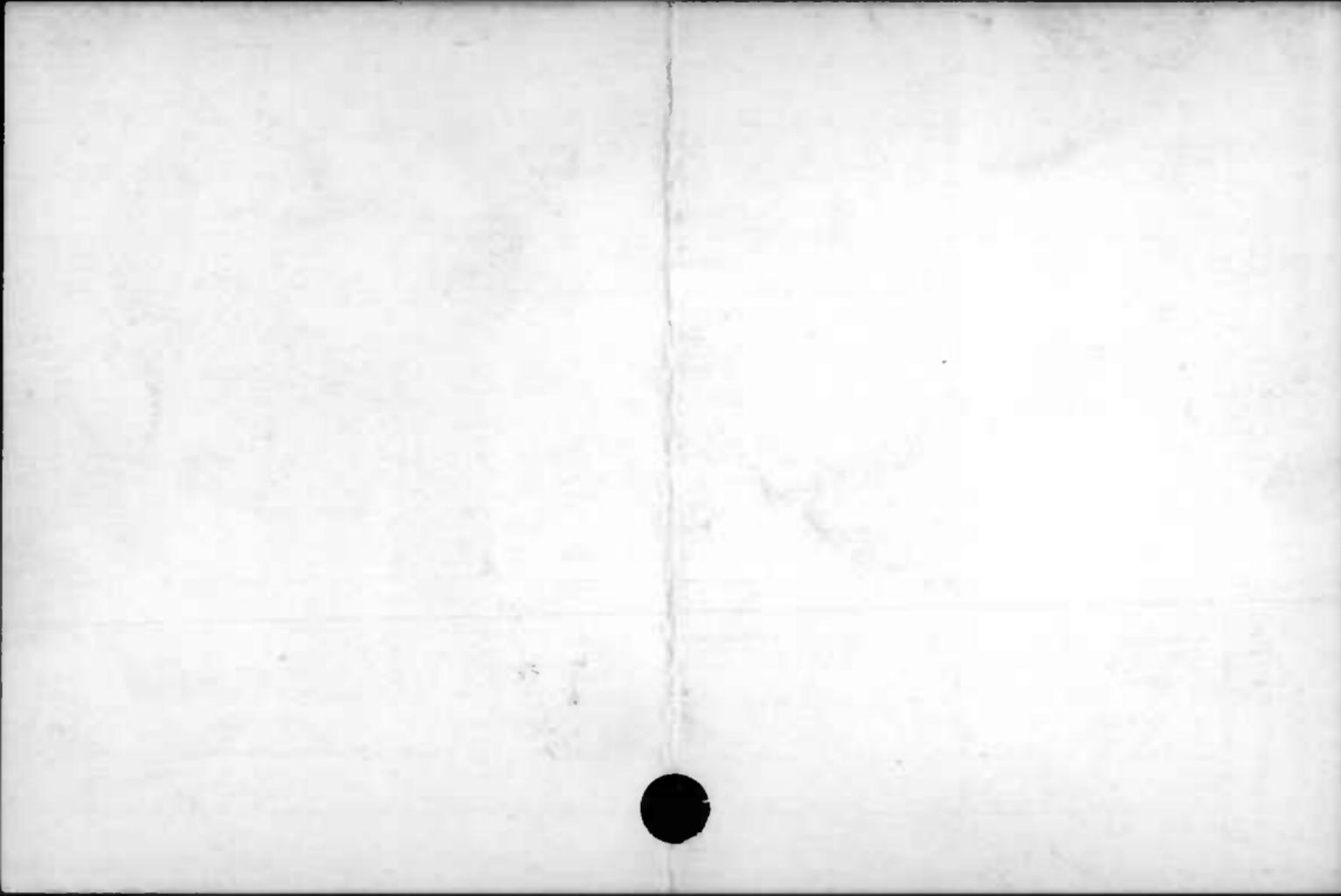
Yes

Signature of
Physician

Address

Dr. W. R. Barnes
Cockeysville Md

Accident or Suicide?



Name
in
Full

Gustave A. Lotze

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Sparrow's Av.		Balto.			
Date of death	Month	Day	Years	Age	Months	Days
1905	Nov.	23	67	67	11	-
Sex	Male	Color or Race	white	Birth- place	Germany	
Occupation	Flouris		Where Residing If not at place of death	Glenelvie		
Married, Single or Widowed	Widowed	Name of Wife or Husband				
Father's Name			Father's Birthplace	Germany		
Mother's Maiden Name			Mother's Birthplace	Germany		
Name of person giving Information	Geo. W. Cofran		How related to deceased	Buninow		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

How long

9 years

Immediate

Uraemia

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

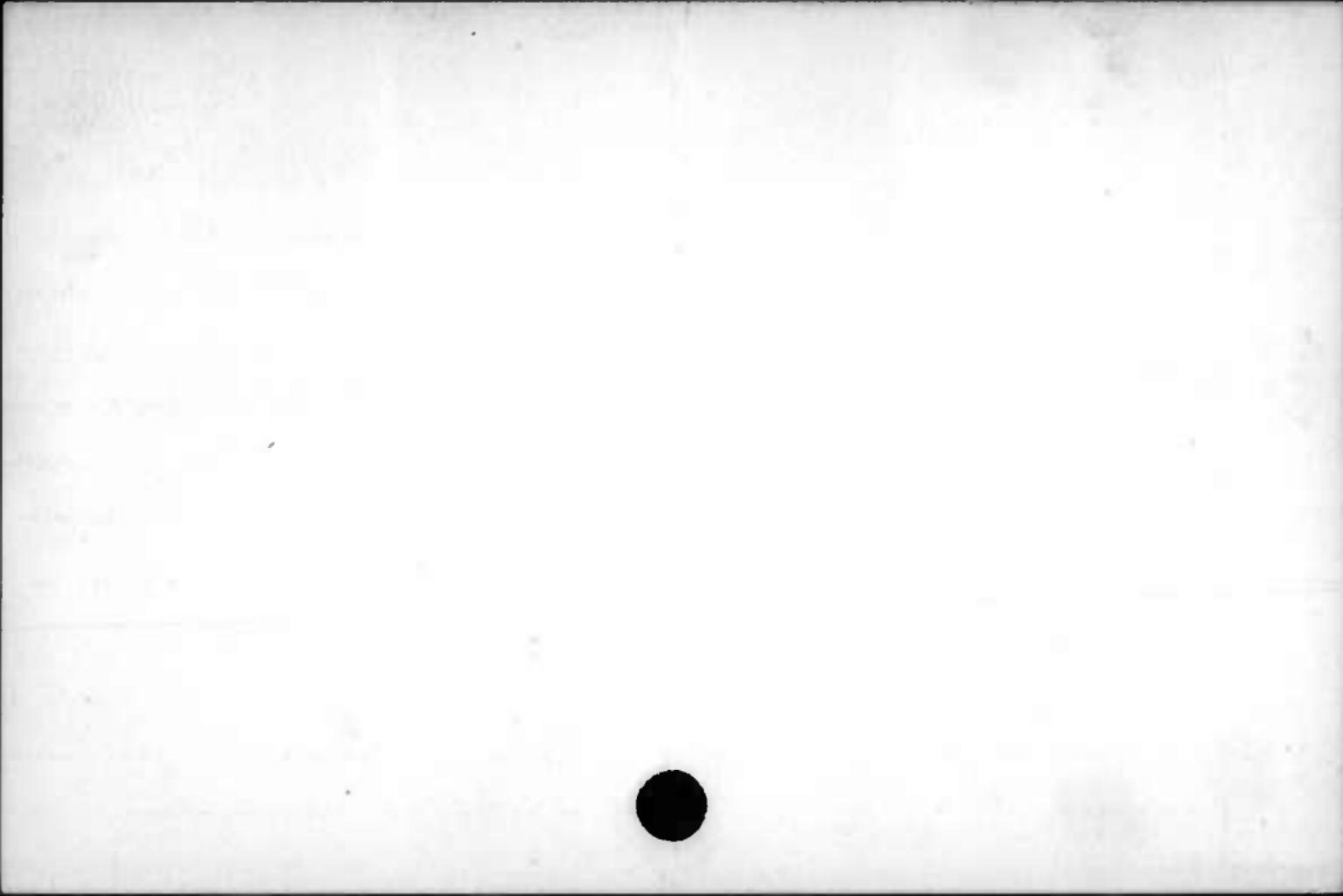
yes

Signature of
Physician

Address

W.K. Petekian MD
Sparrow's Av. - Md.

Accident or Suicide?



Name
in
Full

Rosa J. Luke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	75	5	17
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Beachfield Ma			
Father's Name	William Link				
Mother's Maiden Name	Scotland				
Name of person giving Information	Jean Hogarth				
	Robert D. Holmes				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Yes

Paralysis of the brain. After many

years

Interment at

Wilmington Del.

Stewart & Howen
Undertakers

213 Park Ave. ●
Baltimore Md.

Name
in
Full

Henry Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Volume</u>		Town	Barto		County	MARYLAND		
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>29</u>	Age <u>38</u>	Years	3.	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Bartol City</u>				
Occupation <u>Bartender</u>	Where Residing if not at place of death							
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband							
Father's Name <u>Henry Marshall</u>	Father's Birthplace <u>Germany</u>							
Mother's Maiden Name <u>Betha Diet</u>	Mother's Birthplace <u>"</u>							
Name of person giving Information <u>George Marshall</u>	How related to deceased <u>son</u>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia. Talcular heart dis.</u>	How long <u>10 days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>George H. Hockney</u>
Address <u>State Street Barto Pa</u>	
Accident or Suicide?	

David McClellan Lee

Wardlawers 833 Linden ave

Burial in London Park Cemetery.

Name
in
Full

Sallie B. Merriman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Mar.</u>	Day <u>8</u>	Years <u>80</u>	Age <u>80</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Md</u>				
Occupation <u>Domestic</u>	Where Residing if not at place of death <u>Baltimore</u>					
Married, Single or Widowed	Name of Wife or Husband <u>John B. Merriman</u>	Father's Birthplace <u>Baltimore</u>				
Father's Name <u>George Connor</u>	Mother's Birthplace <u>Germany</u>					
Mother's Maiden Name <u>Sallie Smith</u>	How related to deceased <u>Daughter</u>					
Name of person giving Information <u>Sallie Merriman</u>						
CAUSES OF DEATH						
Primary	<u>Paralysis</u>			How long <u>19 days</u>		
Immediate	<u>Coma</u>			How long <u>2 days</u>		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>R. W. Scherzer, M.D.</u>		
				Address <u>Elmwood Md.</u>		

PHYSICIAN
OR CORONER

Accident or Suicide?

Untermyer Barley's Cemetery
Mo 10 Please send the
Richardson Permit

yours very truly
W. C. Brooks

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Helen A. Mettle

County

CERTIFICATE OF DEATH

Died at Town

Washington Ave Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

Nov

20

Age 4

1

12

Sex

Female

Color or
Race

white

Birth-
place

Bucks Co., Pa.

Occupation

C

Where Residing if not
at place of death

Washington Ave

Married, Single
or Widowed

Name or Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

George Mettle

Minnie. Bender

George Mettle

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Bucks Co., Pa.

Bucks Co., Pa.

Father

CAUSES OF DEATH

Primary

Hooping Cough

How long

3 weeks

Immediate

Diphtheritic Croup

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

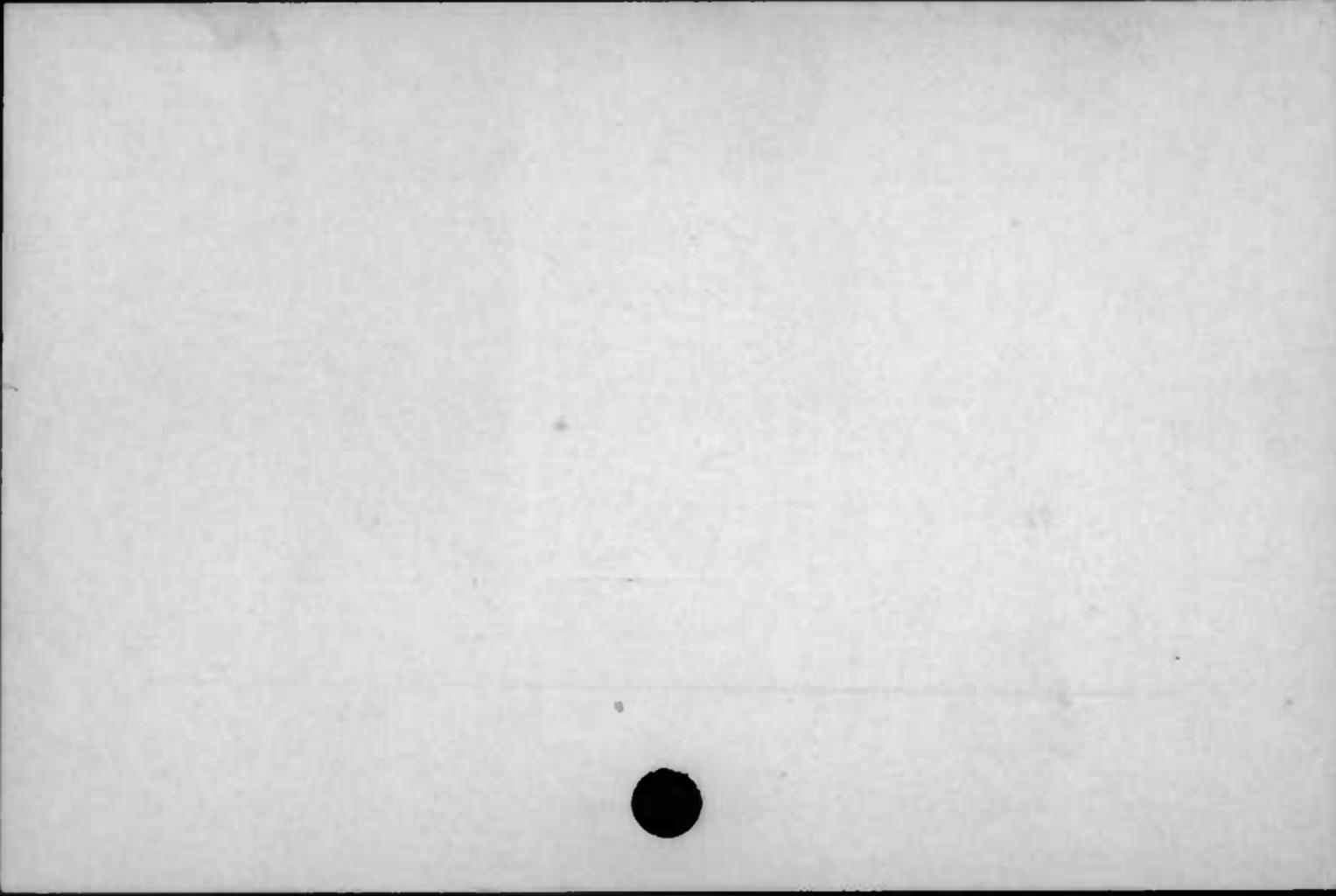
Yes

Signature of
Physician

Address

Thos. B. Hall
Int. Missans

Accident or Suicide?



Name
in
Full

Matti Melvedo

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>near Alberton</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>26</u>	Years <u>30 (?)</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Russia</u>			
Occupation <u>勞動者</u>	Where Residing if not at place of death <u>(?)</u>				
Married, Single or Widowed <u>?</u>	Name of Wife or Husband <u>?</u>				
Father's Name <u>?</u>			Father's Birthplace <u>?</u>		
Mother's Maiden Name <u>?</u>			Mother's Birthplace <u>?</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pistol shot wounds of Chest How long

Immediate Internal Hemorrhage How long

Are the name, age, sex, color, date and place correctly given above?

(?)

Signature of Physician

Wm B Gambrill

Address

Alberton, Md

Accident or Suicide?

Homicide

St John Cemetery.

Name
in
Full

Justus Wanfield Moeller

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Hillsville		County Baldo		MARYLAND	
Date of death 1905	Month 11	Day 19	Years 2	Months	Days 16
Sex male	Color or Race white	Birth-place Hillsville			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace Ind	
Father's Name Justus J. Moeller		Mother's Maiden Name Lula E. Deering (9)		Mother's Birthplace Ind	
Name of person giving information Justus J. Moeller		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

membranous croup

How long

26 days

Immediate

extusion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

73 Hall

Address

mt moun

Accident or Suicide?

no

**Name
in
Full**

J. H. Montague

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

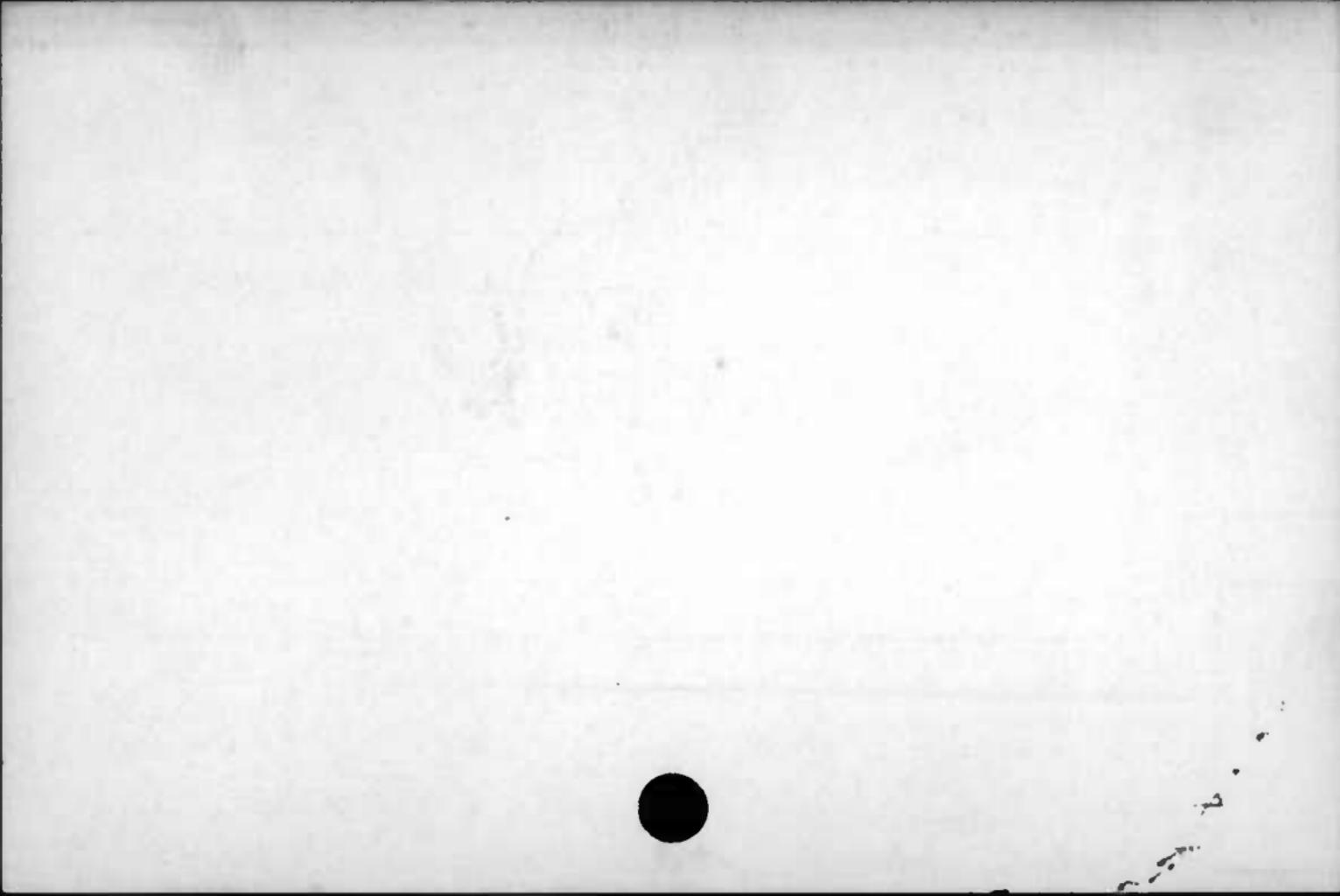
Died at <u>McHale Retriä</u>		Town <u>Baltimore</u>		County <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>22nd</u>	Years <u>Age 45</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Hale</u>	Color or Race <u>White</u>	Birth-place			
Occupation <u>Clerk.</u>		Where Residing if not at place of death <u>Baltimore Md.</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Unknown</u>		Father's Birthplace <u>Unknown</u>	
Father's Name <u>Unknown</u>		Mother's Maiden Name <u>"</u>		Mother's Birthplace <u>"</u>	
Name of person giving information <u>Rev. McHale Retriä</u>					
How related to deceased <u>not at all</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

9

Primary	Pneumonia	(GB)	How long about 3 days -
Immediate	Ex -		How long _____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank J. Flanney	
		Address	
		Massapequa Retired Mt. Hope Md.	
Accident or Suicide?			



Name
in
Full

Esther Morganstein

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Mt. Hope Retreat Baltimore			MARYLAND	
Date of death	1905	Month Nov	Day 13 th	Years 25	Months 5
Sex	Female	Color or Race	White	Birth-place	Austria
Occupation	Baker			Where Residing if not at place of death	
Married, Single or Widowed	Hersch Morganstein			91/2 Lombard St.	
Father's Name	168			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Melancholia

How long

1 yr 6 mo

Immediate

Fatigue & Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

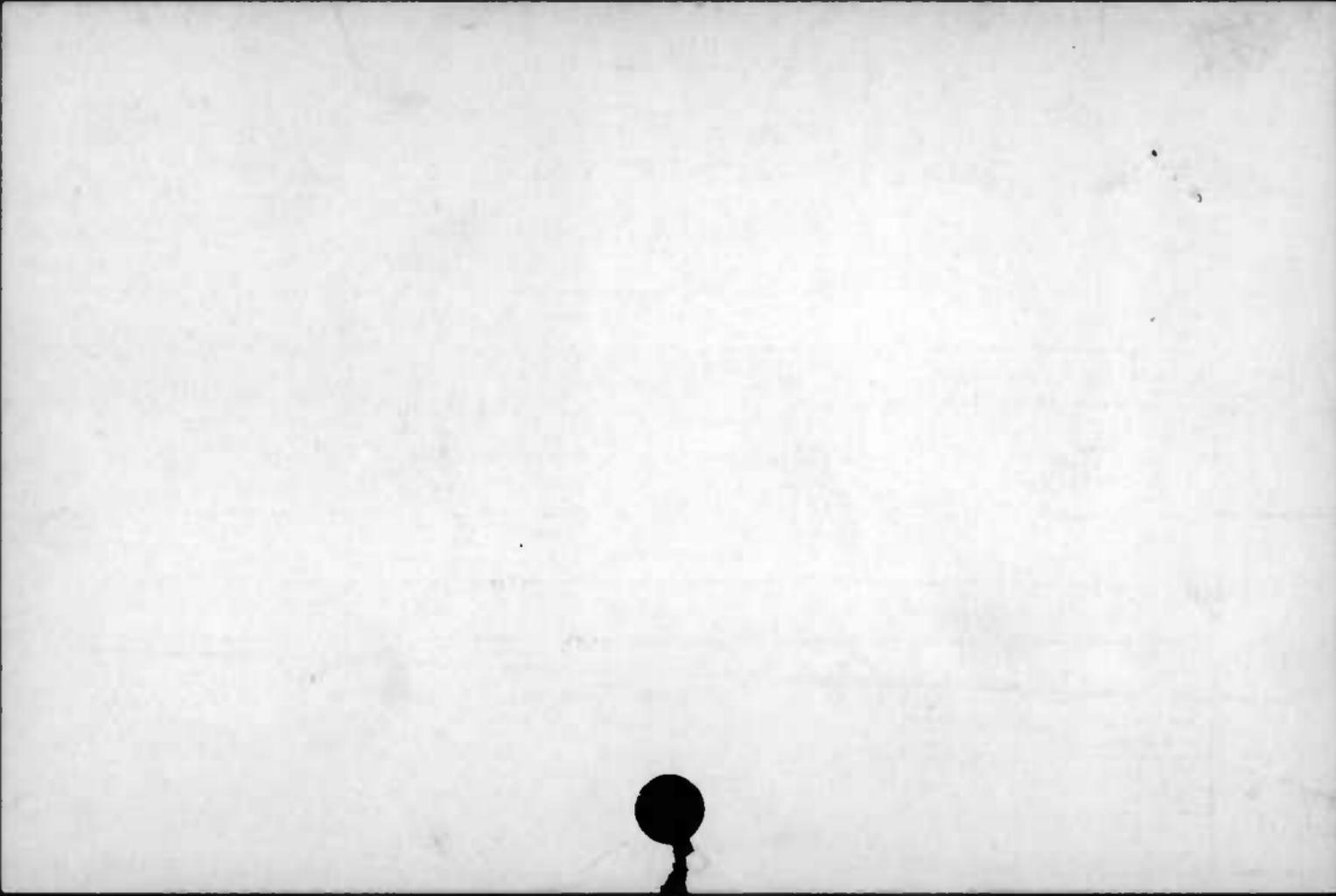
Signature of Physician

Address

6 Beacon St.
Mt. Hope Ind.

Accident or Suicide?

No



Name
in
Full

Wm. Edward Moylan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Nov.	24 th	2	6	14	
Sex	Male	Color or Race	white	Birth-place	Maryland	
Occupation	Where Residing if not at place of death			Ap. Pt.		
Married, Single or Widowed	Name of Wife or Husband			Md		
Father's Name	Thos. J. Moylan			Father's Birthplace	Md	
Mother's Maiden Name	Annie Highland			Mother's Birthplace	Md	
Name of person giving Information	Mrs. Thos. J. Moylan			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

193

How long

2 weeks

Immediate

Exhaustion

How long

2 or 3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

F. B. McCormick M.D.

Address

Spannous Point

Md.

Accident or Suicide?

no



Name
in
Full

Henry F Myers.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Catoonsville

County
Balto.

MARYLAND

Date
of death

1905 Nov

Month

Day

7

Years

1 yrs

Months

Days

24.

Sex

male

Color or
Race

white.

Birth-
place

Catoonsville

"

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Harry F Myers

Father's
Birthplace

Maryland

Mother's
Maiden Name

Carry C Haerl

Mother's
Birthplace

Maryland

Name of person giving
Information

Harry F Myers

How related
to deceased

Father

CAUSES OF DEATH

Primary

~~Exico Colitis~~

105

How long

3 weeks

Immediate

~~Asthma~~

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

ye

Signature of
Physician

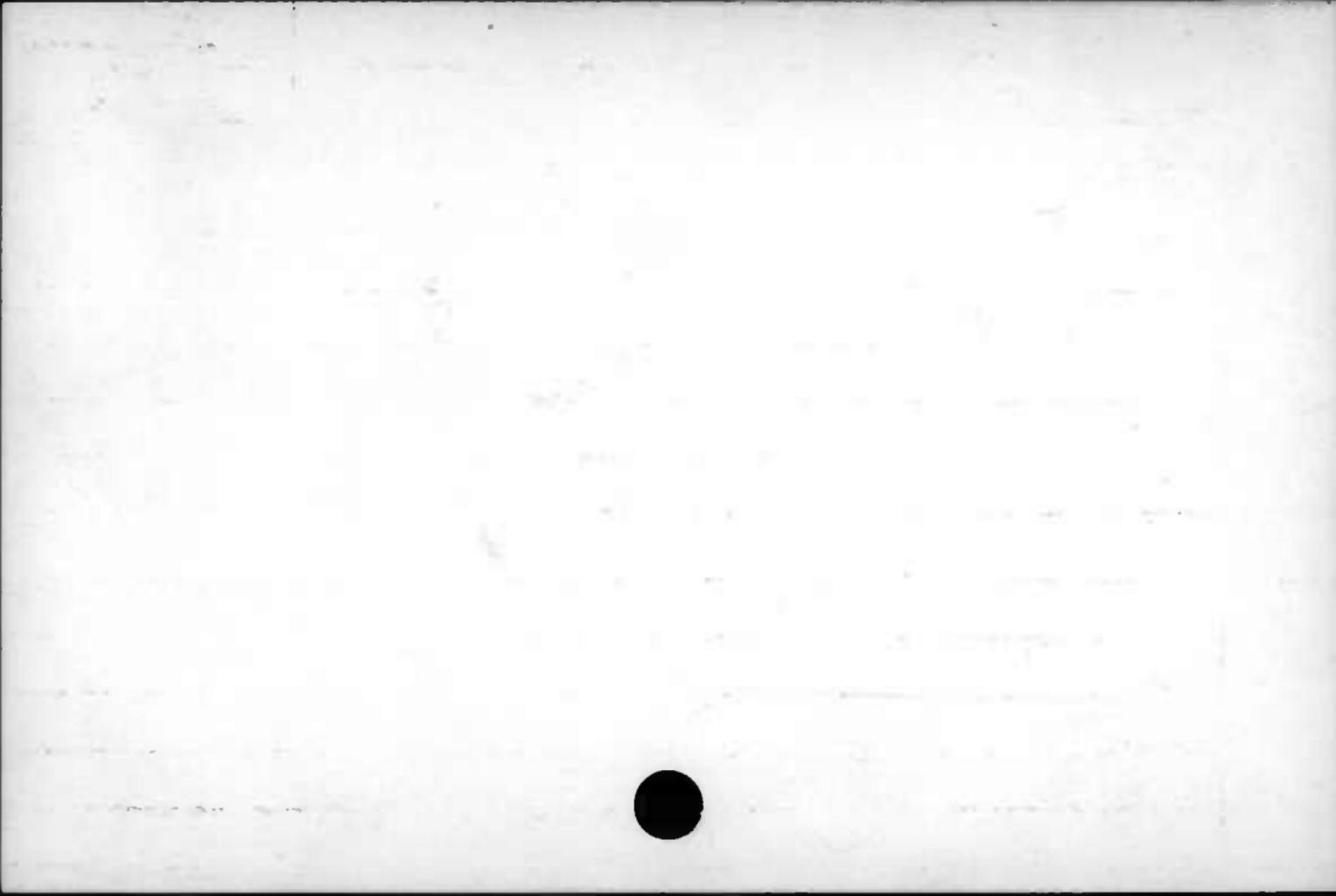
WB West.

Address

Catoonsville

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

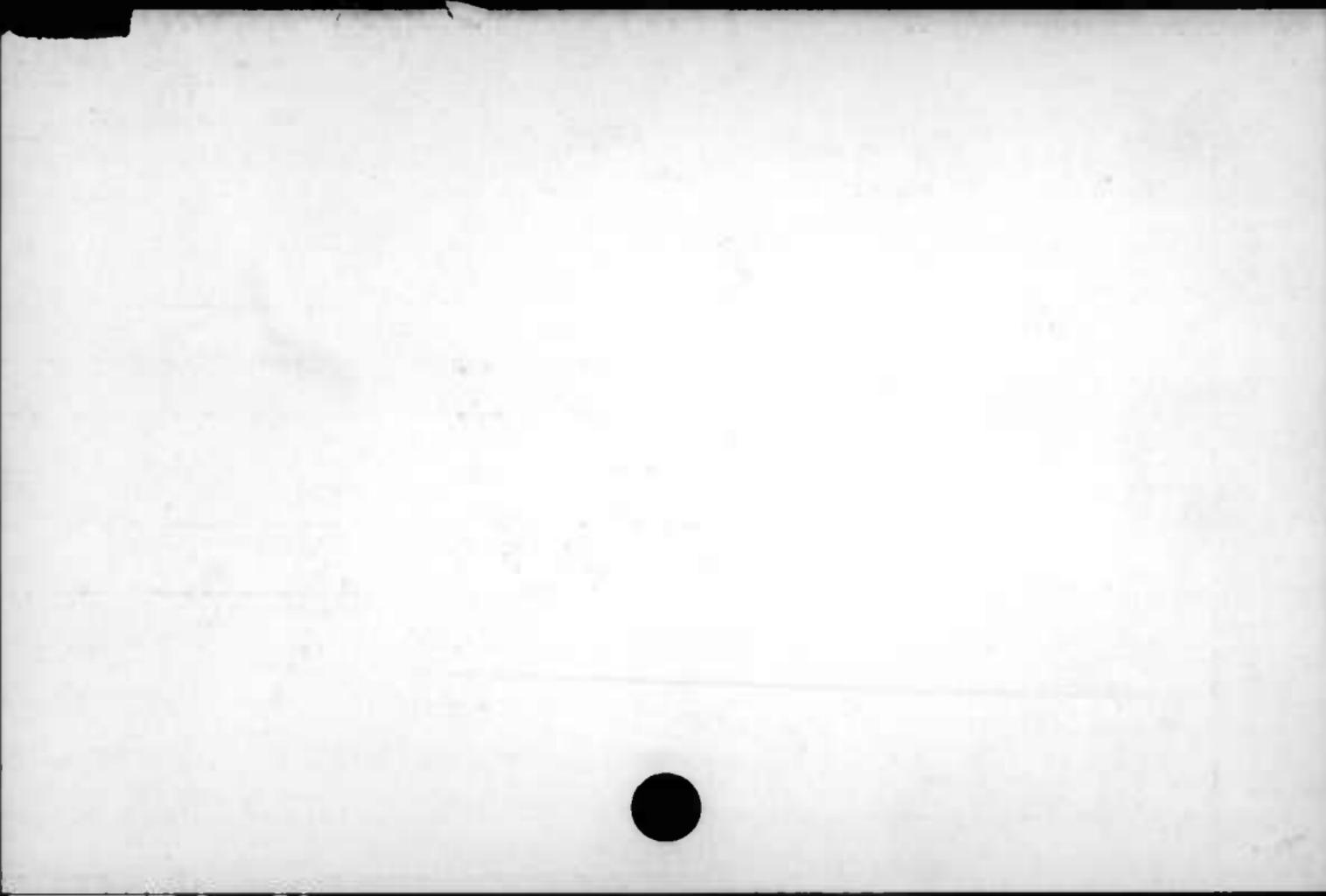
Sydney Charles Myers

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 1905	Month Nov.	Day 12	Years 30	Months 4	Days	
Sex male	Color or Race white	Birth-place Lock Haven Pa.				
Married, Single or Widowed		Occupation Contractor				
Name of Wife or Husband		Elsie Myers				
Father's Name		Father's Birthplace Lock Haven Pa.				
Mother's Maiden Name		Mother's Birthplace Ireland				
Name of person giving information		How related to deceased brother				

CAUSES OF DEATH

Primary	Agitated Melancholia		How long
Immediate	Exhaustion from above		July 1, 1905
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
yes		C. Rushmer White M.D.	
		Address	Catonsville Md.
Accident or Suicide?			



Name
in
Full

(Myerberg) Anna Rosa

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Baltimore		County	MARYLAND	
Date of death	1905	Month Nov	Day 28	Years 41	Age	Months	Days
Sex	Female	Color or Race	white	Birth-place	Russia		
Occupation	None	Where Residing if not at place of death			X		
Married, Single or Widowed	Married	Name of wife or Husband	Henry Myerberg.				
Father's Name	X			Father's Birthplace	X		
Mother's Maiden Name	X			Mother's Birthplace	X		
Name of person giving information	X			How related to deceased	X		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Recurrent Mania

How long

3 yrs-

Immediate

Pulmonary Tuberculosis

How long

8 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes

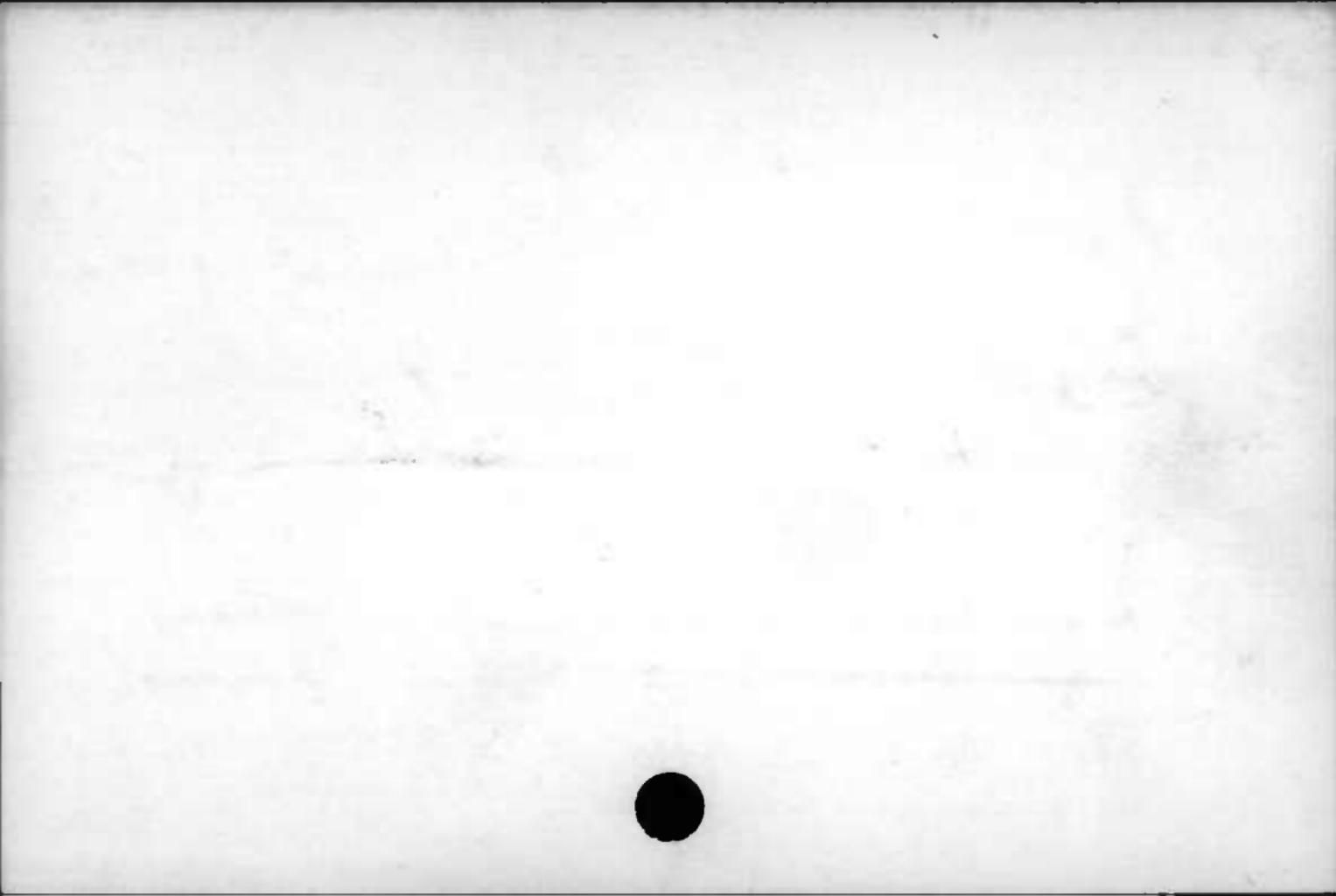
Signature of Physician

Address

Percy nude,
Leutonsville, Md

Accident or Suicide?

No.



Name
in
Full

Evan Ogle

4 days to 22nd
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

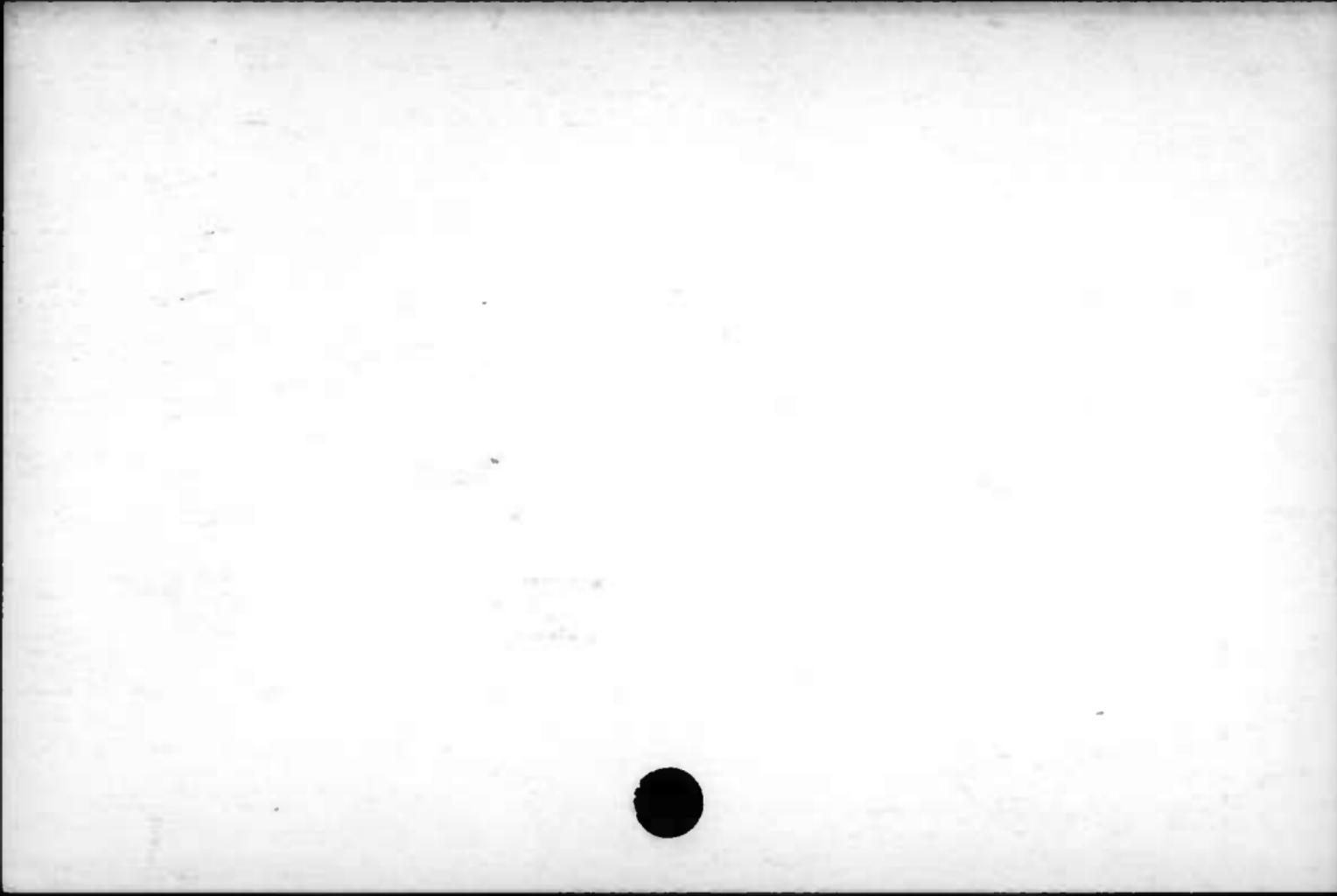
Died at <u>Alberston</u>		Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>24</u>	Years <u>78</u>	Age		Months <u>8</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place			<u>?</u>
Occupation <u>Retired Merchant</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Amanda J. McAlister</u>						
Father's Name <u>Thomas Ogle</u>	Father's Birthplace <u>?</u>						
Mother's Maiden Name <u>Anna Webb</u>	Mother's Birthplace <u>?</u>						
Name of person giving information <u>Mrs. Jas. Duran</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Senility</u>	How long <u>?</u>
Immediate <u>Asthenia</u>	How long <u>?</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm B. Gambill</u>
	Address <u>Alberston, Md</u>
Accident or Suicide?	

51



Name
in
Full

Catharine O'Hara

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	55	
Occupation	Housework		Where Residing if not at place of death	Ireland	
Married, Single or Widowed	Widow	Name of Wife or Husband	Michael O'Hara		
Father's Name	Don't Know		Father's Birthplace	Ireland	
Mother's Maiden Name	Want Know		Mother's Birthplace	Ireland	
Name of person giving Information	John. O'Hara		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy

OK

How long

3 days

Immediate

Exsiccation

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

Address

Dr. L. Gruevius,
3 and 4ough,
Dighton, Dighton.

Accident or Suicide?

100

Wm. Field Sippel
Bonne Brae

Name
in
Full

Margarette Amelita Aram

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1905	Nov	15	23	23	10	
Sex	Femal	Color or Race	White	Birth-place	Baltimore City	
Occupation	Homework.		Where Residing if not at place of death	Arlington (At home)		
Married, Single or Widowed	Single	Name of Wife or Husband	- - -			
Father's Name	William B Aram		Father's Birthplace	Baltimore		
Mother's Maiden Name	Eleanora H Hopkins.		Mother's Birthplace	Baltimore		
Name of person giving Information	Eleanora H Aram		How related to deceased	Mother.		

CAUSES OF DEATH

Primary	Heart Disease (Mitral Insufficiency)	How long	years.
Immediate	Epileptic Convulsion with Cerebral Hemorrhage	How long	2 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. W. Boxwell
		Address	Arlington.

Accident or Suicide?

London Park Cemetery

November 17th 1905

Henry W. Meaus^{2nd} Son
805 N. Calvert St.

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Hanover

Baltimore

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1905

Nov.

23

51

Sex

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name or
Husband

Place of death

Father's
Name

Don't know

Father's
Birthplace

Md.

Mother's
Maiden Name

Cassie Crooks

Mother's
Birthplace

Md.

Name of person giving
Information

Clayton Young

How related
to deceased

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sarcoma of Breast.

How long

Three years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

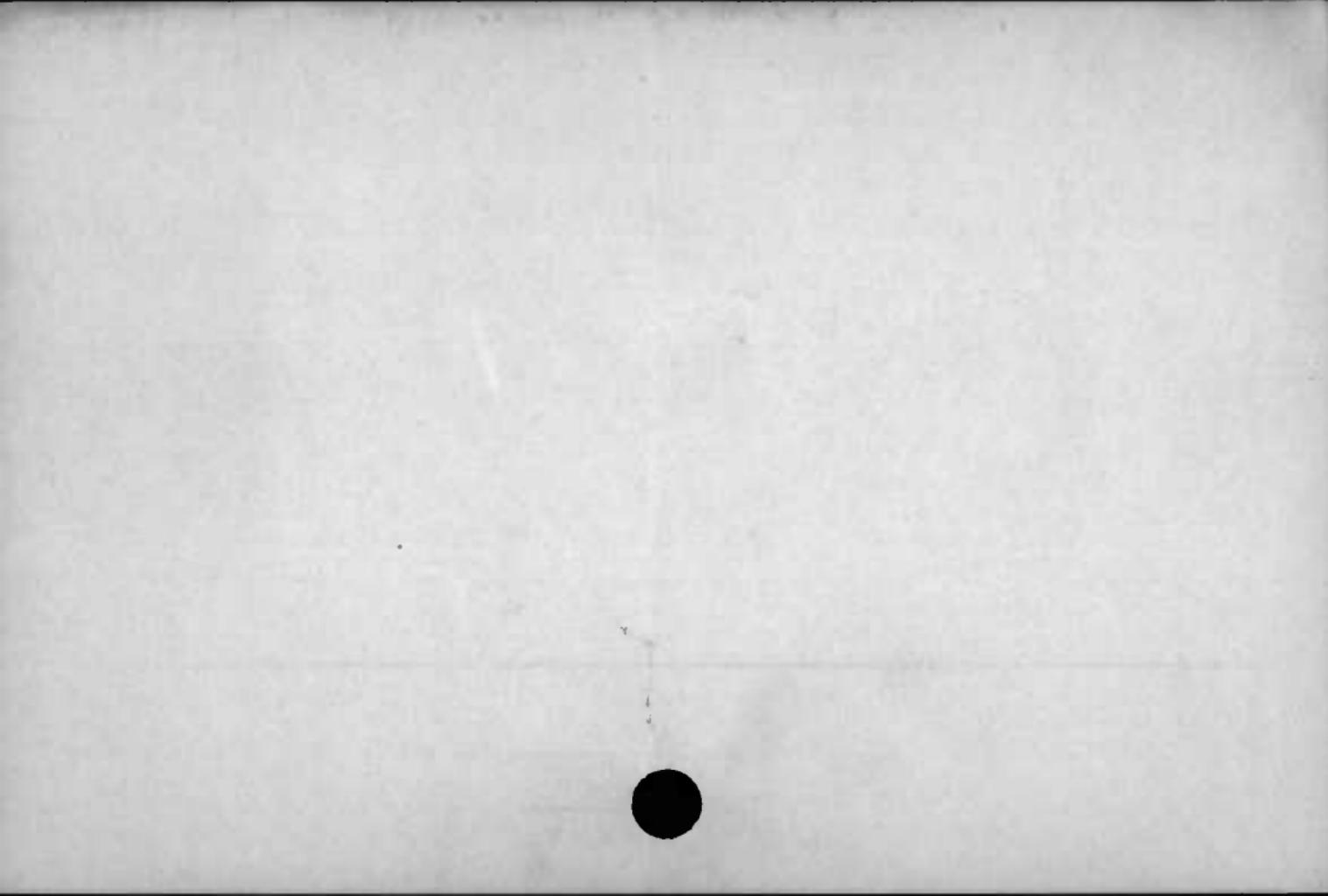
Address

Dr. W. H. Haas, M.D.

Hanover

Md.

Accident or Suicide?



Name
in
Full

Katharina Anne Pfeffer

CERTIFICATE OF DEATH

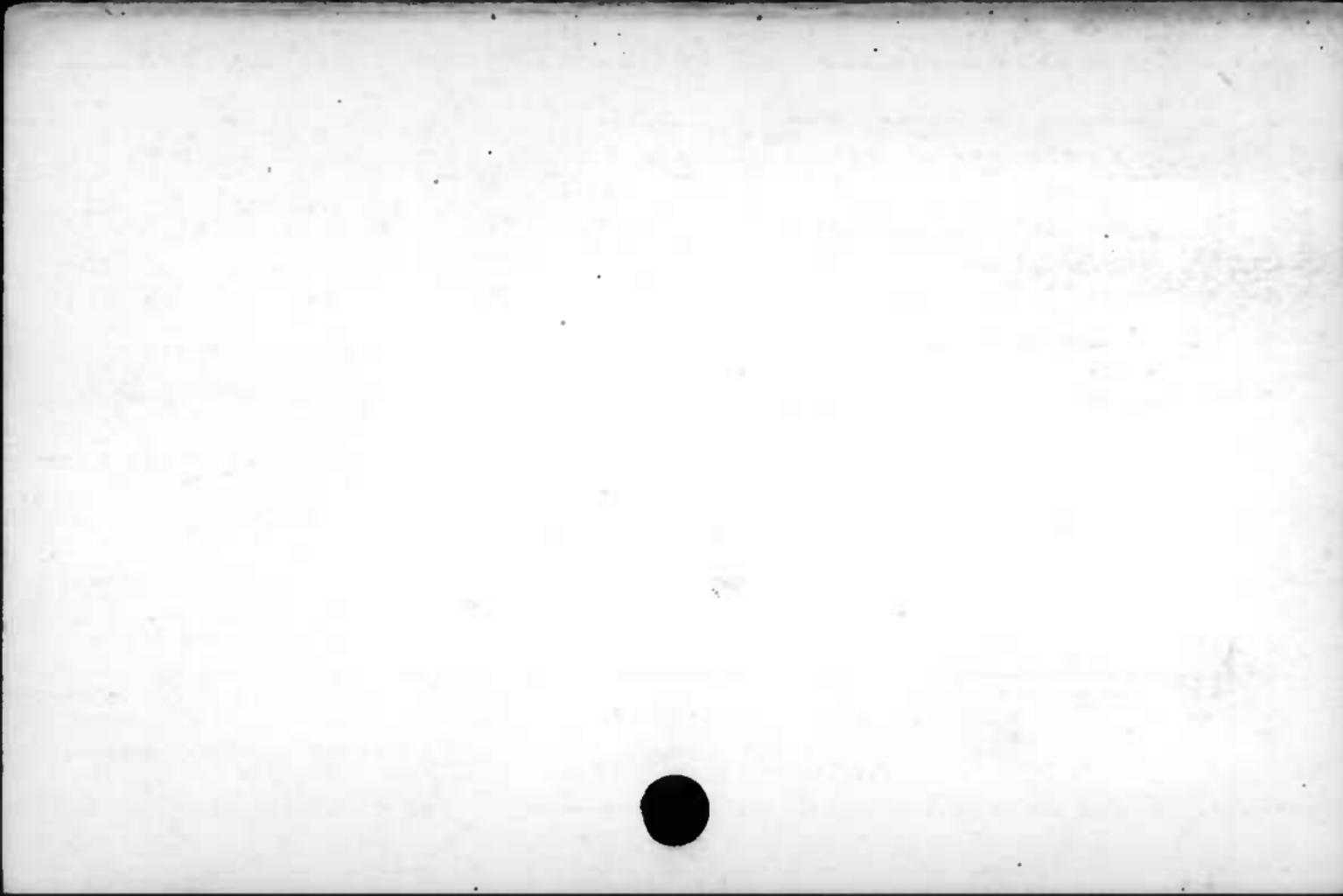
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Kephart		Pfeffer		Father's Birthplace	Baltimore
Mother's Maiden Name	Hanna May Russell				Mother's Birthplace	" "
Name of person giving information	Kephart Pfeffer				How related to deceased	Father

CAUSES OF DEATH

Primary	Pseudo-membranous Laryngitis		How long
Immediate	108		4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James Gour N.D.
		Address	Reisterstown Md.
Accidental Suicide			



Name
in
Full

John Eugene Sylvester Francis Pinkney

CERTIFICATE OF DEATH

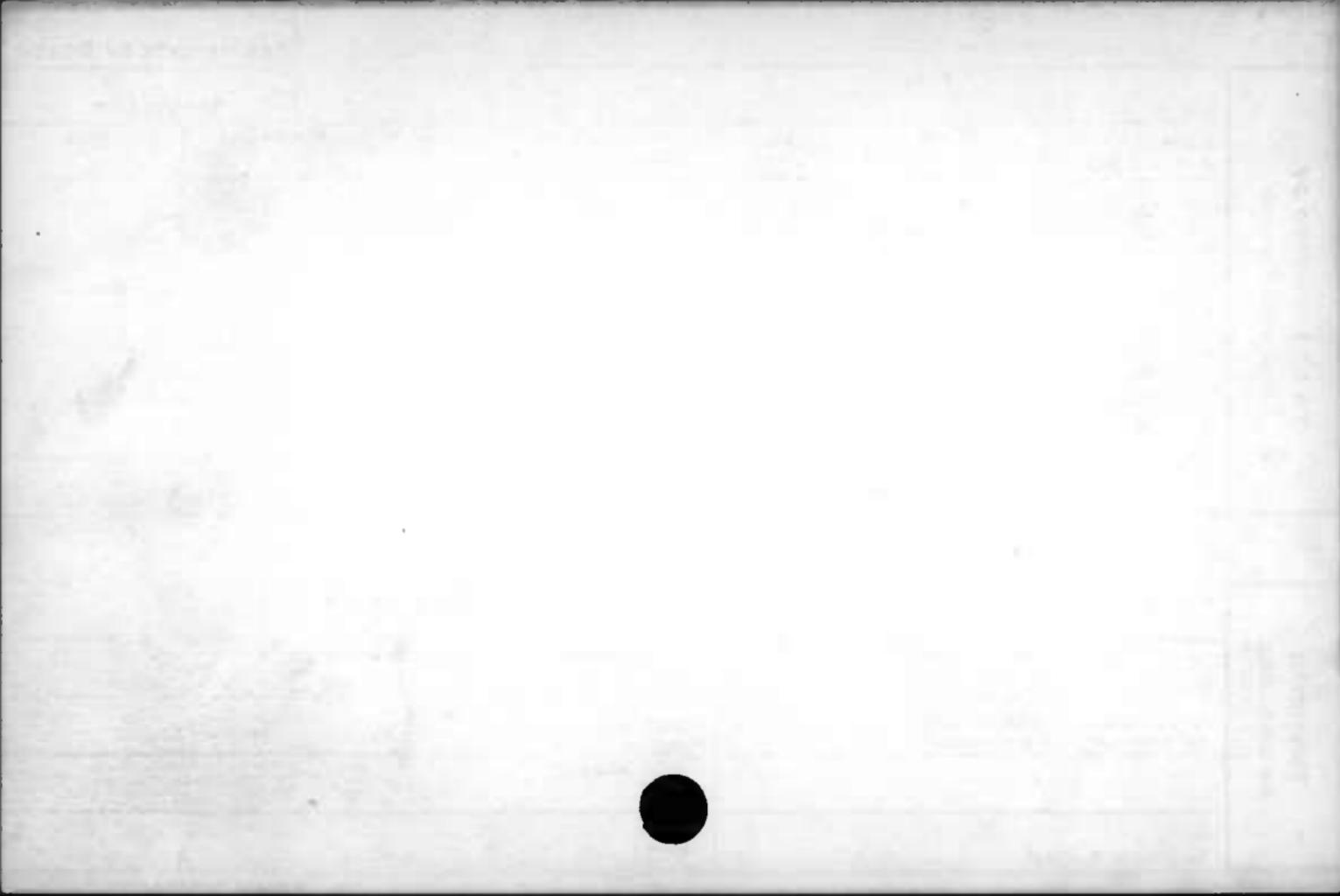
To BE ANSWERED BY
NEAREST FRIEND

Died at	Catoonsville ^{Town} Ave		Baltimore ^{County}		MARYLAND		
Date of death	1905	Month Nov	Day 30	Years 1	Months 1	Days 15	
Sex	Male	Color or Race	Colored	Birth-place	Md.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	John Henry Francis Pinkney			Father's Birthplace	Md.		
Mother's Maiden Name	Emma Jane Pinkney			Mother's Birthplace	Md.		
Name of person giving Information	Emma Jane Pinkney			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia		How long	3 days
Immediate	Cardiac failure		How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W.W.R. Eareckson	
		Address	Eck Ridge, Md.	
Accident or Suicide?				



Name
in
Full

Prebe

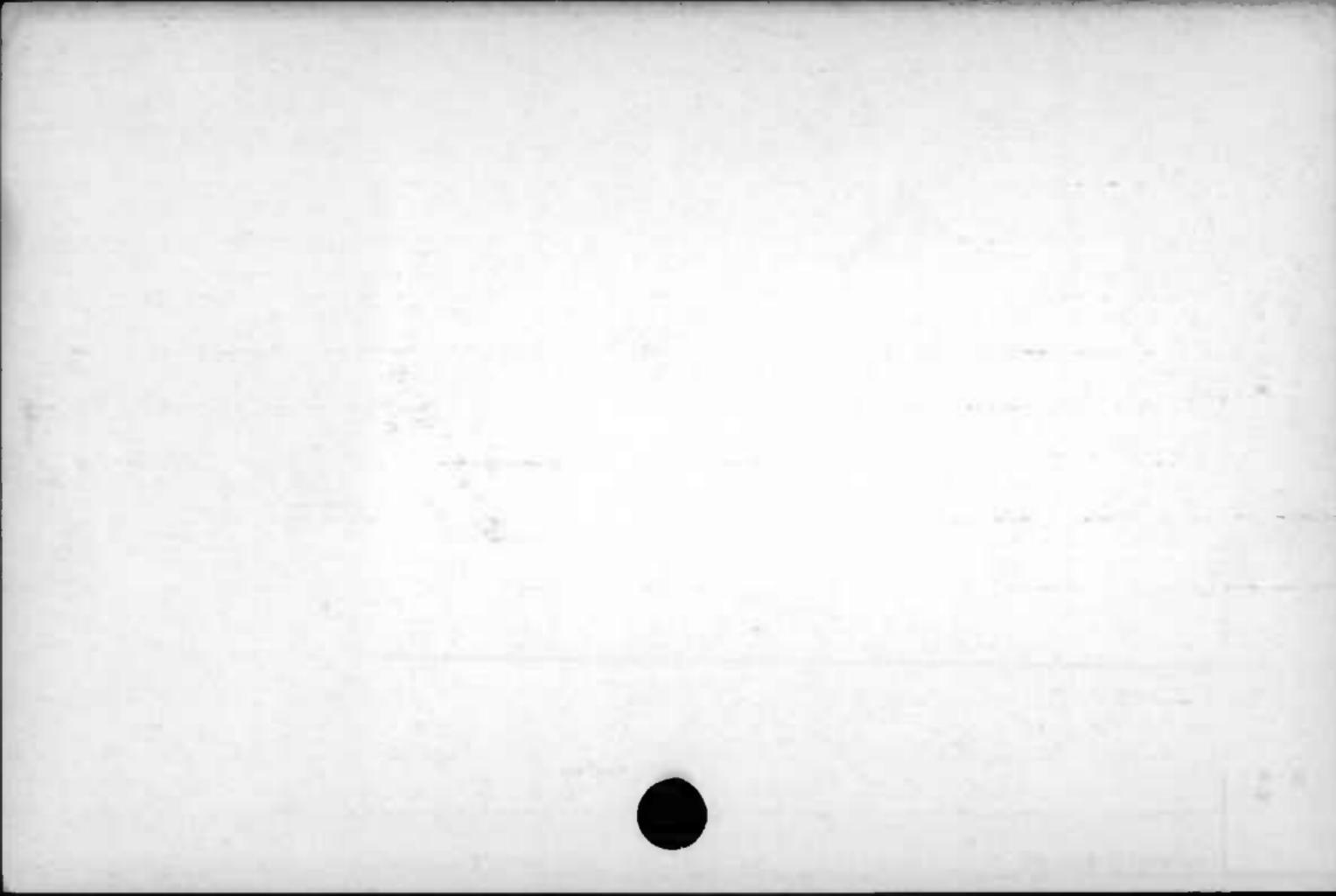
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Wilkins Ave. Et.	Balt				
Date of death 1905	Month Nov.	Day 19	Age	Years	Months	Days
Sex	female	Color or Race	white	Birth-place	Balt Co. Md.	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name			Julius Prebe			
Mother's Maiden Name			Maria Dietrich S.			
Name of person giving information			Julius Prebe			
CAUSES OF DEATH						
Primary	Prolapso Cord & Transverse Presentation				How long	
Immediate	Dead Born				How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	L. S. & H. R. Ruhl Lansdowne, Balt Co. Md.	



William Lickley						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	Nov.	13	59	-	-		
Sex	Male	Color or Race	Md				
Occupation	Culver		Birth-place	Loverne			
Married, <input checked="" type="checkbox"/> wife	Name of wife or Husband		Where Residing if not at place of death	Mary Winder			
Father's Name	Lige Lickley		Father's Birthplace	Md.			
Mother's Maiden Name	Rayne Lickley		Mother's Birthplace	Md.			
Name of person giving information	Lizzie Williams		How related to deceased	daughter			

CAUSES OF DEATH

Primary	Myocarditis Acute by Rheumatism	How long	one week
Immediate	Rheumatism of heart	How long	10 years
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. Bayless Linn M.D.

Sandy Bottom

John Burns Sons

George J. Raab

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John G. Raab		Father's Birthplace	Germany		
Mother's Maiden Name	Catherine Riegel		Mother's Birthplace	Md.		
Name of person giving Information	John G. Raab		How related to deceased	Father		
CAUSES OF DEATH						
Primary	Laryngeal Diphtheria			How long	3 days.	
Immediate	Esophytia			How long	2 hours	

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Sacred Heart Cemetery

Nov. 21st 1905

Germanus France

undertaker

Name
in
Full

Baby Raymond

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Colonsuelle	County Balto	MARYLAND		
Date of death	Month 1905 Nov	Day 15	Age	Years	Months
Sex	Color or Race Colored	Birth- place Colonsuelle	Days		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Chas Raymond	Father's Birthplace Balto Co				
Mother's Maiden Name Josephine Fuller	Mother's Birthplace Balto Co				
Name of person giving Information Maria Fuller	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Moscanige S.

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

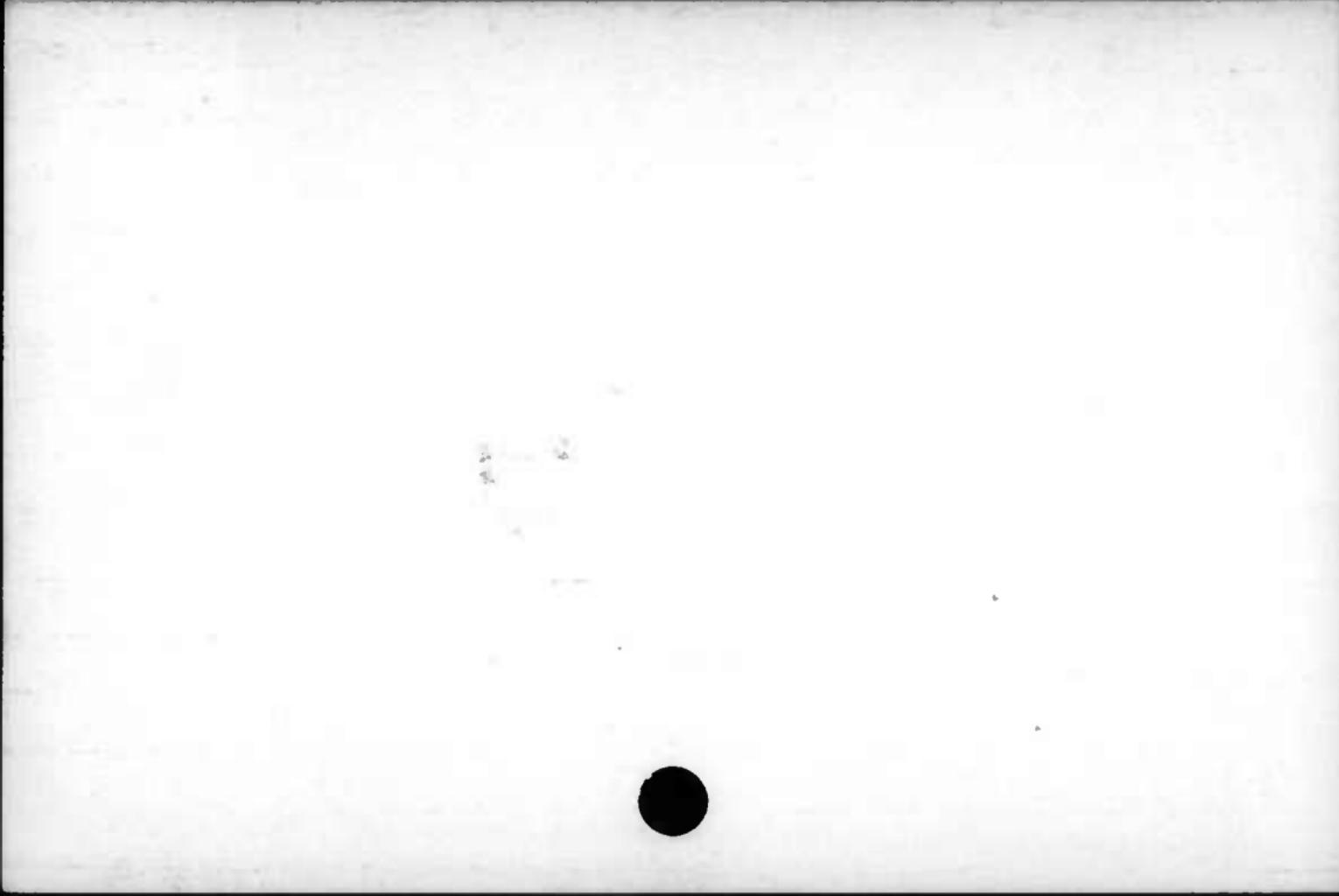
Signature of
Physician

Anslewest

Address

Colonsuelle

Accident or Suicide?



Name
in
Full

Wm L. Regan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Nov.	29 th	—	3	—
Sex	Male	Color or Race	White	Birth-place	Balto Co.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Patrick Regan.	Father's Birthplace	Balto Co.		
Mother's Maiden Name	Margaret Cotter	Mother's Birthplace	Balto Co.		
Name of person giving Information	Patrick Regan	How related to deceased	Brother.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis Pneumonia	How long	1 wk.
Immediate	Asthma	How long	— 1 wk.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	M. J. McCaughan 839 S. Gantoni
Accident or Suicide?			

Sacred Heart Cemetery

Dec 1st 1905

Germanus Firance

Name
in
Full

Hermon J Reitz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Pikesville		Baltimore		Months	Days
Date of death	1905	Month Nov	Day 6	Years 53	
Sex	Male	Color or Race	white	Birth-place	Baltimore City
Occupation		Where Residing if not at place of death			
Married, <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

nephritis

How long

?

Immediate

sudden - uremia

How long

2 days

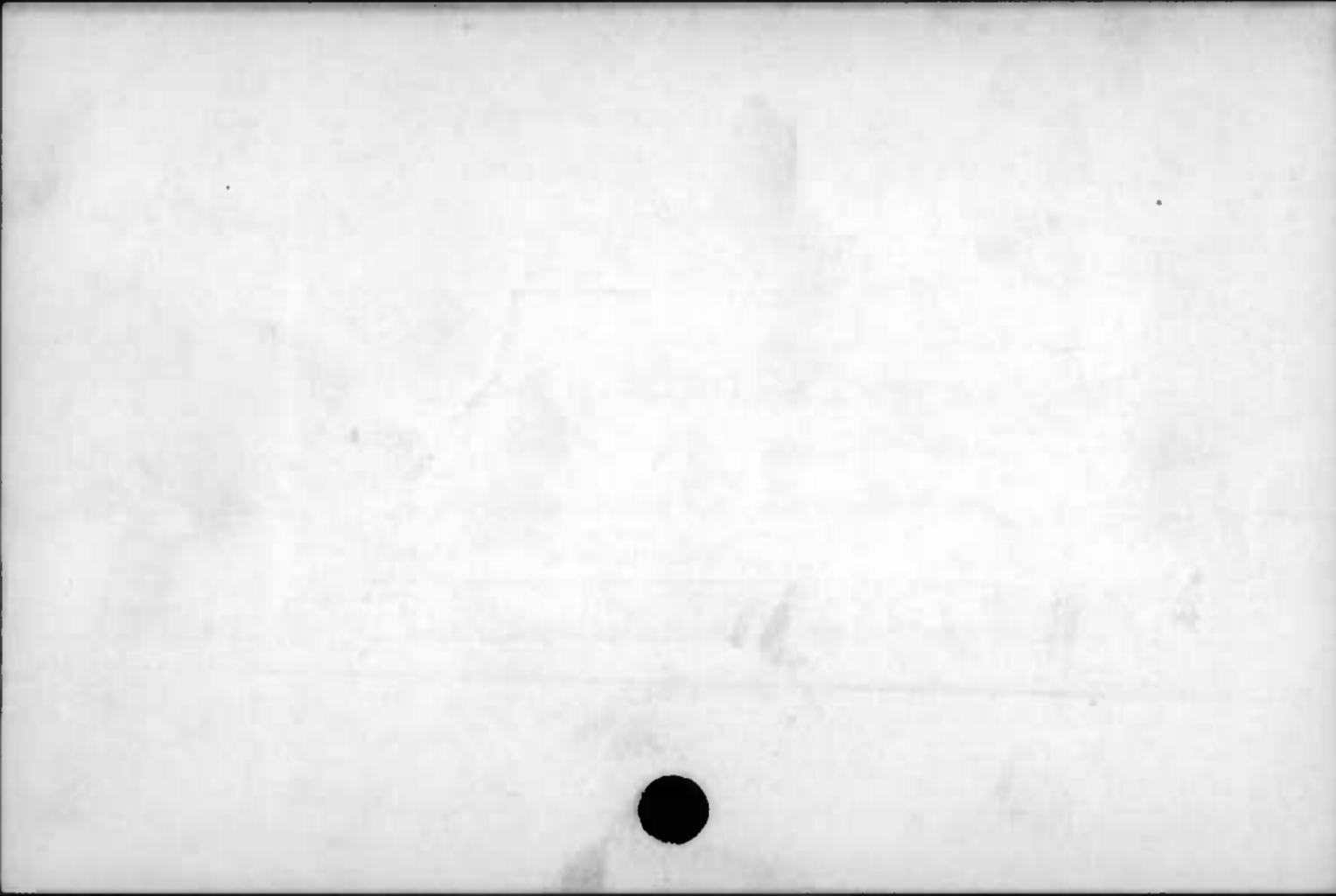
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr R Winslow
1900 Mt Royal Avenue
Baltimore

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alveta Richardson

CERTIFICATE OF DEATH

Died at Phoenix		Town	County Baltimore		MARYLAND	
Date of death 1905	Month Mo.	Day 4	Age 5-2	Years	Months	Days
Sex Female	Color or Race white			Birth-place Baltimore		
Occupation Housekeeper	Where Residing if not at place of death			—		
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Thomas Richardson				Father's Birthplace Baltimore		
Mother's Maiden Name Rebecca Miles				Mother's Birthplace Baltimore		
Name of person giving information Joshua Richardson				How related to deceased Brother		

CAUSES OF DEATH

Primary **Pulmonary Tuberculosis** **3 yrs**
Exhaustion

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. Ross Payne
Corbett

Address

Accident or Suicide?

Claymugulana
Mo. 6/1905

Louis Sauer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>North Point</u>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>11</u>	Day <u>6</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Age <u>4</u>	Birthplace <u>Baltimore Md</u>			
Occupation		Where Residing if not at place of death <u>North Point Road</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Louis Sauer</u>			Father's Birthplace <u>Md Baltimore</u>			
Mother's Maiden Name <u>Connie Guendel</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Louis Sauer</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

PneumoniaHow long 2 da

Immediate

ExhaustionHow long 1st hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Jas. H. Grayson
3 and 1/2ongh
Highlandtown Md

Address

Accident or Suicide?

No

Chas. Lantz Goldring
P. Alphonse Cem -

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Mary Schaefer</i>					CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1903	Nov.	13	Age	five	eight		
Sex	Color or Race	Birthplace					
female	white	<i>Not written</i>					
Occupation	Where Residing if not at place of death			<i>Not written</i>			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<i>Mary Schaefer</i>			Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	<i>Mary Schaefer</i>			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

3 months

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R. Schaefer

Accident or Suicide?

Name
in
Full

Regina Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Long Green	Baltimore				
Date of death	Month	Day	Years	Months	Days	
1905	Nov.	7	78	10	15	
Sex	Female	Color or Race	White	Birth-place	Germany	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Husband	John Schmidt, deceased			
Father's Name	George Seemuller			Father's Birthplace	Germany	
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving information	Eliz. B. Schmidt			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach

How long

6 months

Immediate

How long

" "

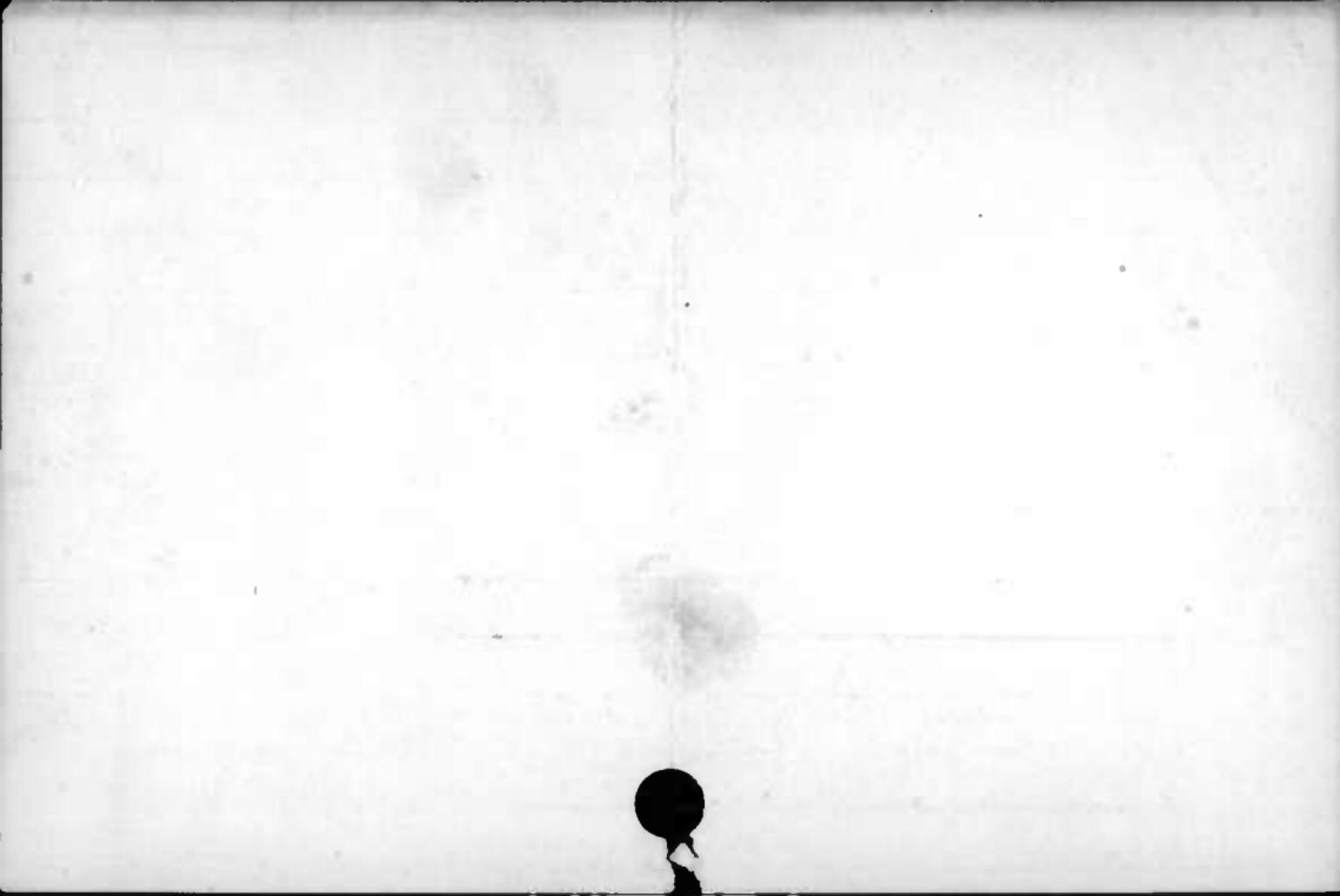
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.W. Shear
Sisterly
Md.

Accident or Suicide?



Jennie Deufarth

Town

County

MARYLAND

Died at

Crusoeville

Balto

Date

1905

Month

Day

Y.

M.

D.

Name of

Occupation

White

Colored

Age 40

-

-

-

Germany

Housewife

Female

Colored

Married

Widow

Divorced

Number of children living

2

Husband

Wife

Father's

Name

John Deufarth

Mother's

Name

Cause of

Death

Reported by

Address

Primary

Immediate

Myelitis of Spine

Exhaustion

How long sick

2 months

Accident, Suicide, Homicide

J. C. Schopf

1405 Forest St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from _____

of _____



Name
in
Full

Martin Bellman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age 31	—
Occupation	Laborer		Where Residing if not at place of death	Germany
Married, Single or Widowed	Married	Name of Wife or Husband	Regina Miller	
Father's Name	Joseph Bellman		Father's Birthplace	Germany
Mother's Maiden Name	Meresa Schauer		Mother's Birthplace	"
Name of person giving Information	Regina Bellman		How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	acute Parenchymatous nephritis	How long	4 da
Immediate	uraemia	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature Physician	Jac. L. Gray M.D.
		Address	3rd Street Highlandtown
Accident or Suicide?	NO		

Sacred Heart Cemetery

Nov. 28th 1905

Germanus Hanse

undertaker

Name
in
Full

George Bishop Shidman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Howardview		Baltimore				
Date of death	Month	Day	Years	Months	Days	
1905	11	9	Age 33			
Sex	Male	Color or Race	White	Birth-place	Baltimore Md	
Occupation	Machinist			Where Residing if not at place of death	Howardview	
Married	—			Name of Wife	Ida Giffith Shidman	
Father's Name	John Franklin Shidman			Father's Birthplace	England	
Mother's Maiden Name	Selma Crook			Mother's Birthplace	11	
Name of person giving information	Harry Young Shidman			How related to deceased	brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pulmonary tuberculosis* *12* *doubtless*
How long

Immediate *11* *"*

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W.C. G. M.
Pittsfield Md.

Address

Accident or Suicide?

Dear Doctor.

Will you kindly
fill out this card for Mr. George B.
Stidman and ~~leave~~ the same
with Mr. ^{EL. PHCNGE 1803.} Foley &

Funeral Directors & Embalmers.

MARTIN FAHEY & SONS,

oblige Mrs. J. H. Stidman

Name

in
Full

Andrew Friends (Charleston SC)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	Townson		County	Baltimore		
Date of death	Month	Day	Years	Months	Days		
of death	1905	Nov	26	Age	44		
Sex	Male	Color or Race	white	Birth-place	Charleston S.C.		
Occupation	Brewer		Where Residing if not at place of death	Charleston S.C.			
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband		Lily B	South Carolina			
Father's Name	Andrew Friends		Father's Birthplace	South Carolina			
Mother's Maiden Name	Sallie in Calhoun		Mother's Birthplace	S.C.			
Name of person giving information	Louis D. Friends		How related to deceased	Brother			

CAUSES OF DEATH

Primary

Parris

How long

4 yrs +

Immediate

Apollectiform Convulsions

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

Yeo

Signature of Physician

Address

Sheppard & Enoch Pratt
Hospital

Accident or Suicide?

Farrow Belts Co Md

H. W. Jenkins Son

removal of body

to Charleston S.C.

Name
in
Full

Edward Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	white	Birth-place	above
Occupation	Where Residing if not at place of death		—		
Married, Single or Widowed	Name of Wife or Husband	—		—	
Father's Name	Luther Smith	161		Father's Birthplace	—
Mother's Maiden Name	Catherine V. Wallace	—		Mother's Birthplace	—
Name of person giving information	J. P. Ridgely M.D.	not at all		How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth
Inanition

How long

Immediate

Inanition

How long

Are the name, age, sex, color, date and place correctly given above?

yes

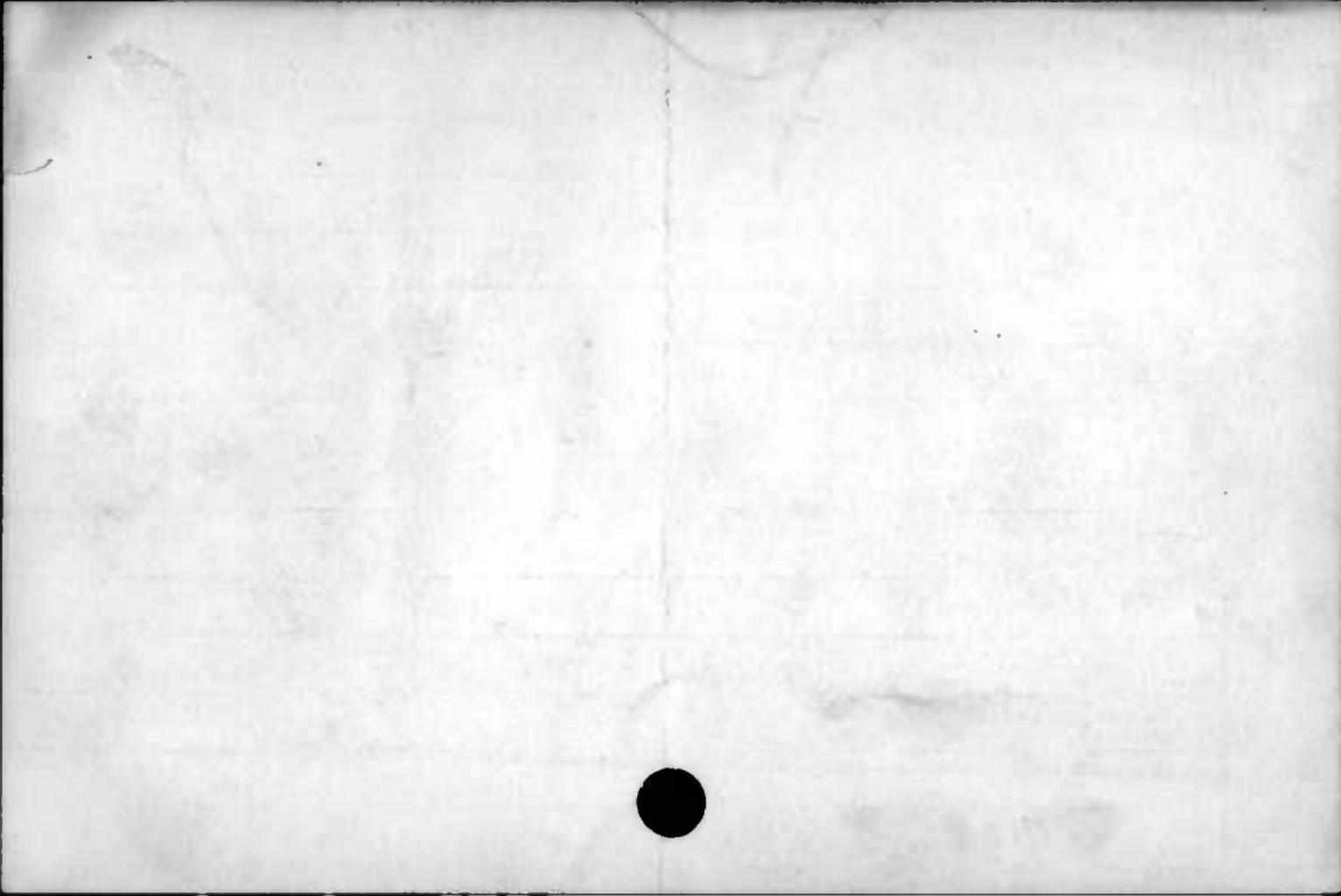
Signature of Physician

Address

J. P. Ridgely M.D.
Forest Park
Baltimore, Md.

Accident or Suicide?

—



Child of Thos. & Amelia Stein

CERTIFICATE OF DEATH

Died at <u>Highlandtown</u> <u>Baltimore</u>				County <u>Baltimore Co.</u>	
Date of death <u>1905</u>	Month <u>11</u>	Day <u>8</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore, Md.</u>		
Occupation	Where Residing if not at place of death <u>507 Mt. Pleasant Ave</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Thos. Stein S.</u>				
Father's Name	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name	Mother's Birthplace <u>"</u>				
Name of person giving information	How related to deceased <u>Father</u>				
Name <u>Amelia Storack</u>					
Name <u>Thos. Stein</u>					

CAUSES OF DEATH

Primary Premature birth - still born at 6 lb 10 oz

How long

Immediate S.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Civil Officer
6 N. Boundary
Baltimore

Accident or Suicide?

Mr. Carmel Leen.

J. Herwig & Son

11/9/05

Name
in
Full

Elisabeth Stedler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1905	Month Oct	Day 26	Age 71	Years	Months 8	Days
Sex Female	Color or Race white		Birth-place Germany			
Married, Single or Widowed	Occupation		Cause Reeper			
Name of Husband	Gotfried Stedler		Gotfried Stedler			
Father's Name					Father's Birthplace	Germany
Mother's Maiden Name					Mother's Birthplace	"
Name of person giving Information	Caroline Ruth		no		How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Trouble & Sensitity		How long	2 weeks
Immediate	Loss of Consciousness		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Wm. J. Whiteford		
	Address	Parkville, Md		
Accident or Suicide?				



Name
in
Full

Joseph Sticker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Agnes Hospital</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>11</u>	Day <u>16</u>	Years <u>25</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>America</u>			
Occupation <u>Salvage</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name	Father's Birthplace <u>—</u>				
Mother's Maiden Name	Mother's Birthplace <u>—</u>				
Name of person giving information	How related to deceased <u>—</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis meningitis</u>	How long <u>—</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>

Are the name, age, sex, color, date and place correctly given above?

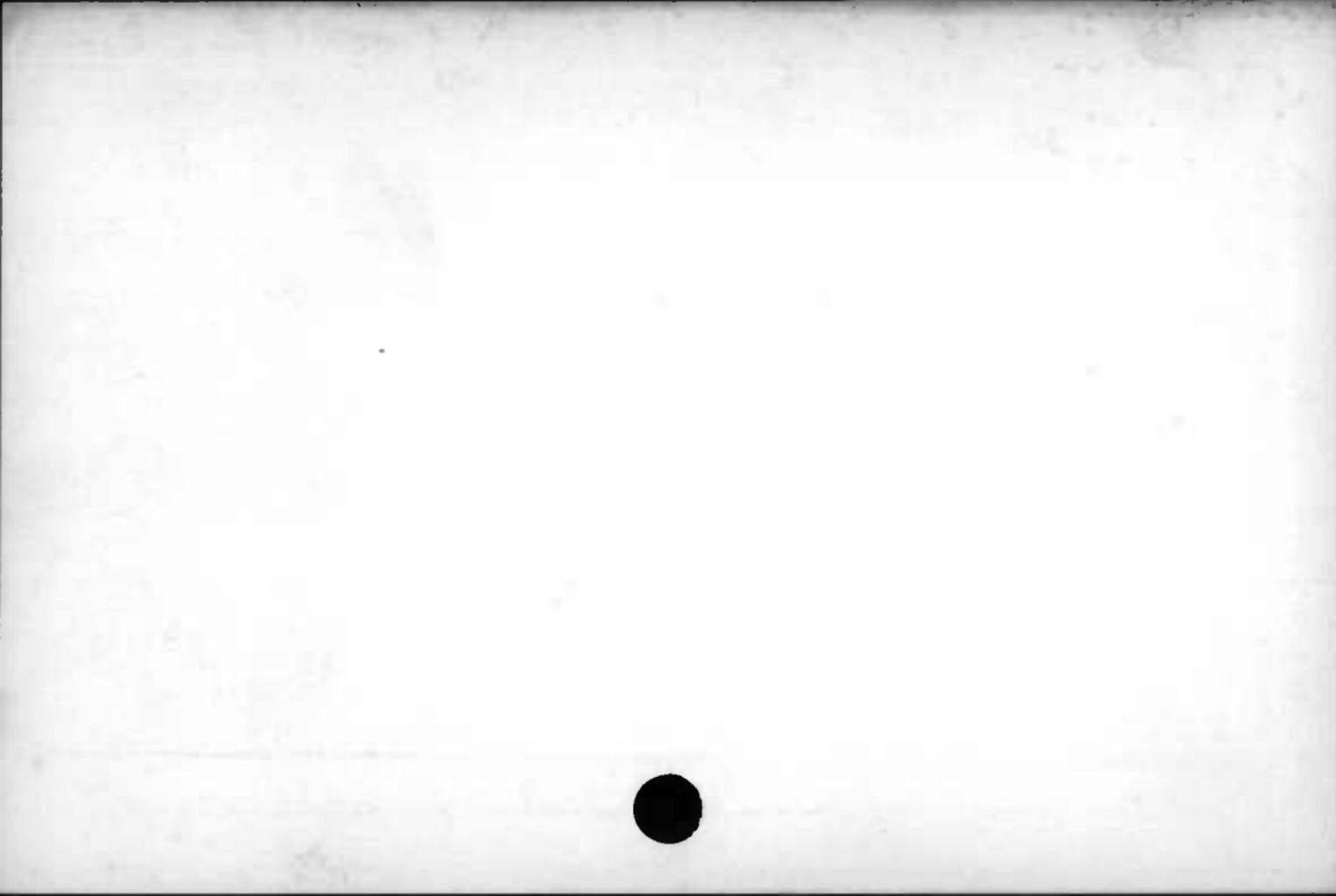
Yes

Signature of Physician

Address

Frank Norsey
St. Agnes Hospital

Accident or Suicide? —



Sarah Ellen Sutle

CERTIFICATE OF DEATH

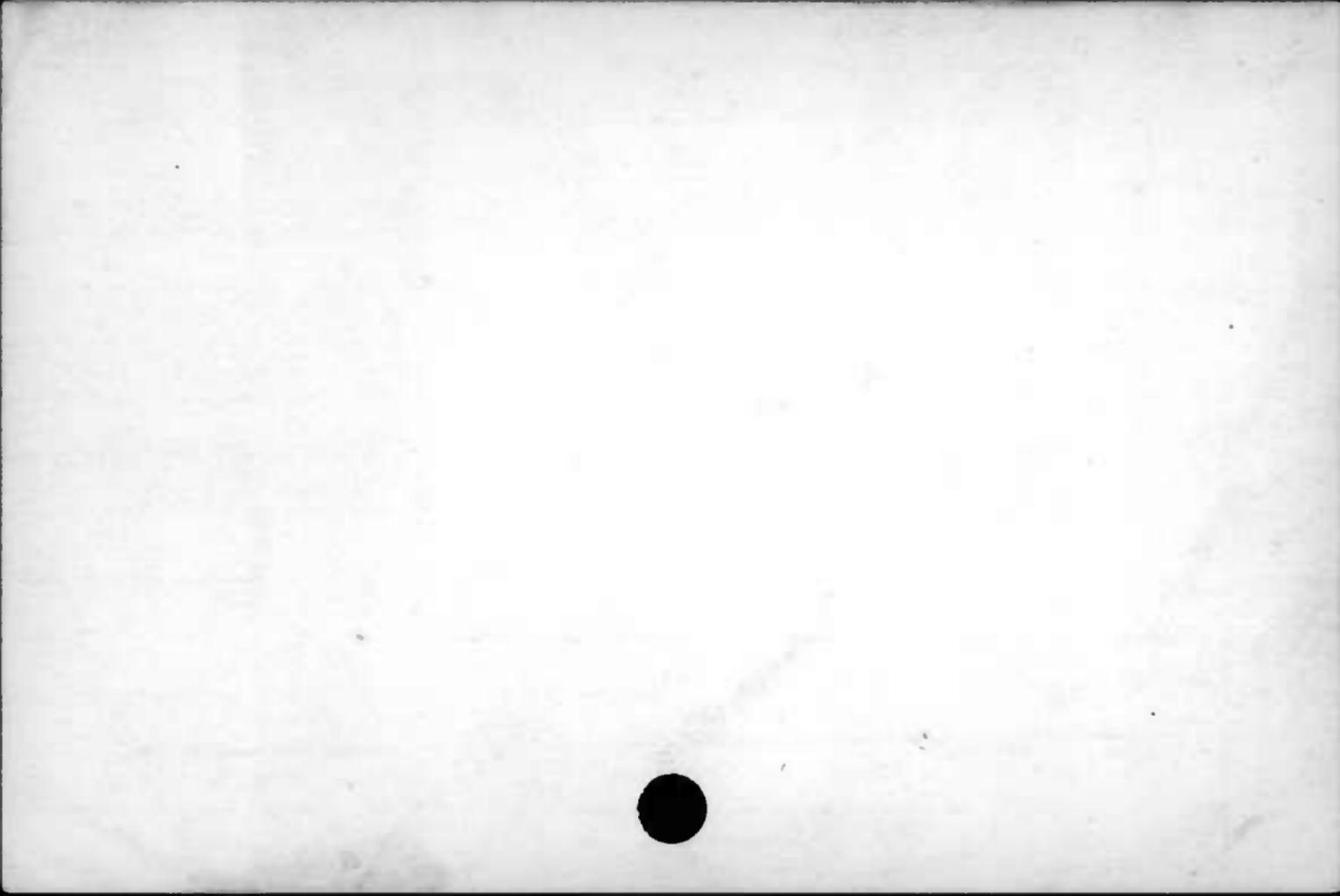
TO BE ANSWERED BY
NEAREST FRIEND

Died at Rockdale		Town Balt		County Baltimore	
Date of death 1905	Month Novem	Day 15 th	Years Age 47 -	Months	Days
Sex female	Color or Race white	Birth-place Baltimore Md			
Occupation Housewife	Where Residing if not at place of death Rockdale				
Married, Single or Widowed	Name of wife or Husband Joshua Sutle	Father's Birthplace Baltimore			
Father's Name Alfred J. Crooks	Mother's Birthplace Baltimore				
Mother's Maiden Name Delilah Crooks	How related to deceased				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	93	How long four days
Immediate Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician A. J. Habb	
	Address Randallstown Baltimore	
Accident or Suicide?		



Name
in
Full

Walter B Swindell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date 1919 of death 1905		Month Nov	Day 17	Age 58	Years	Months	Days 2
Sex	Male	Color or Race	W	Birth- place	Balto vil		
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Walter B Swindell		Father's Birthplace	Md		
Mother's Maiden Name		Gardula Velasco		Mother's Birthplace	Boston		
Name of person giving Information		Walter B Swindell		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Pulmonary Congestion

How long

About two hours

How long

Immediate

15

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

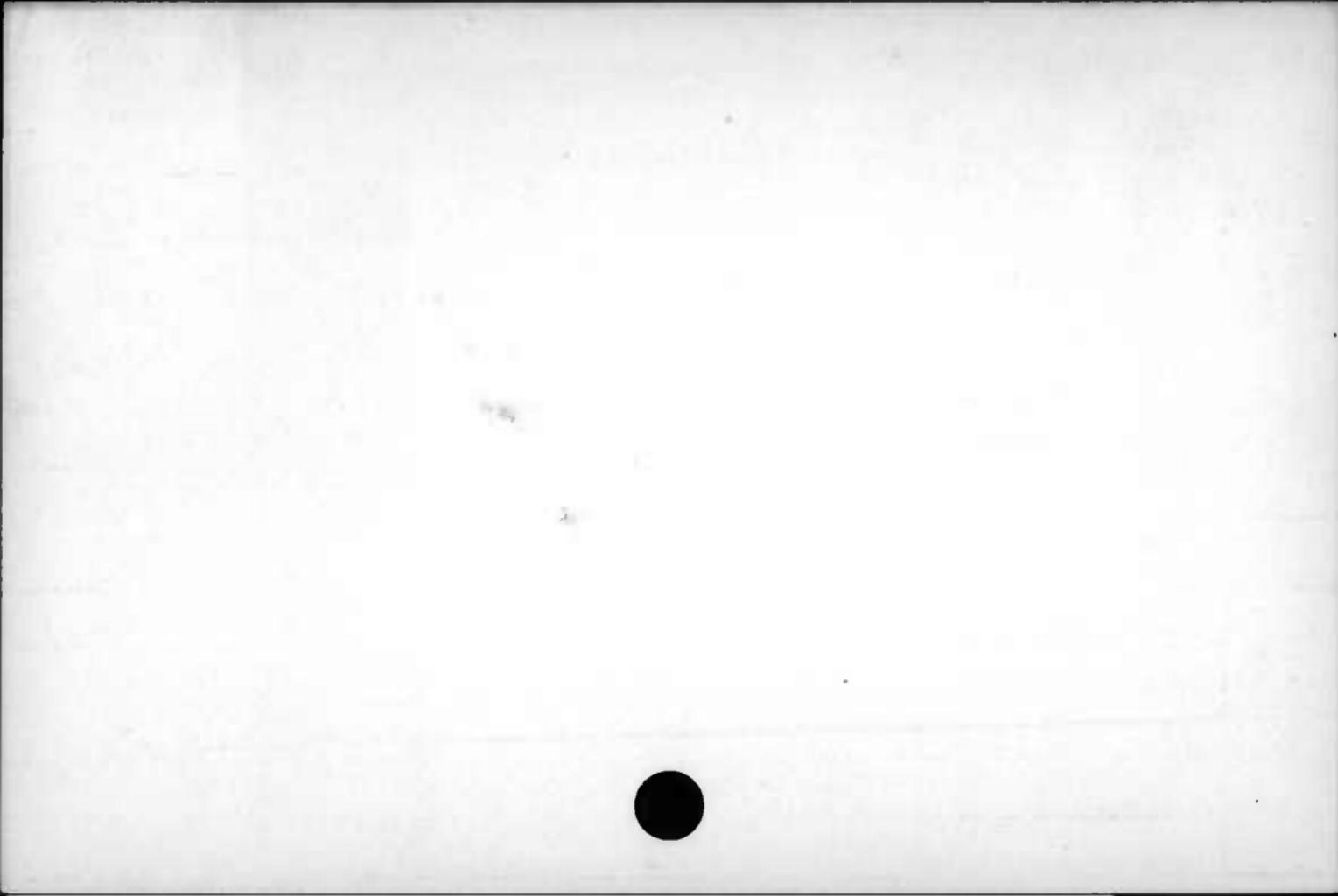
Address

Chas M McGill

Palosville

Accident or Suicide?

Bartle May



Name
in
Full

Marie Louey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

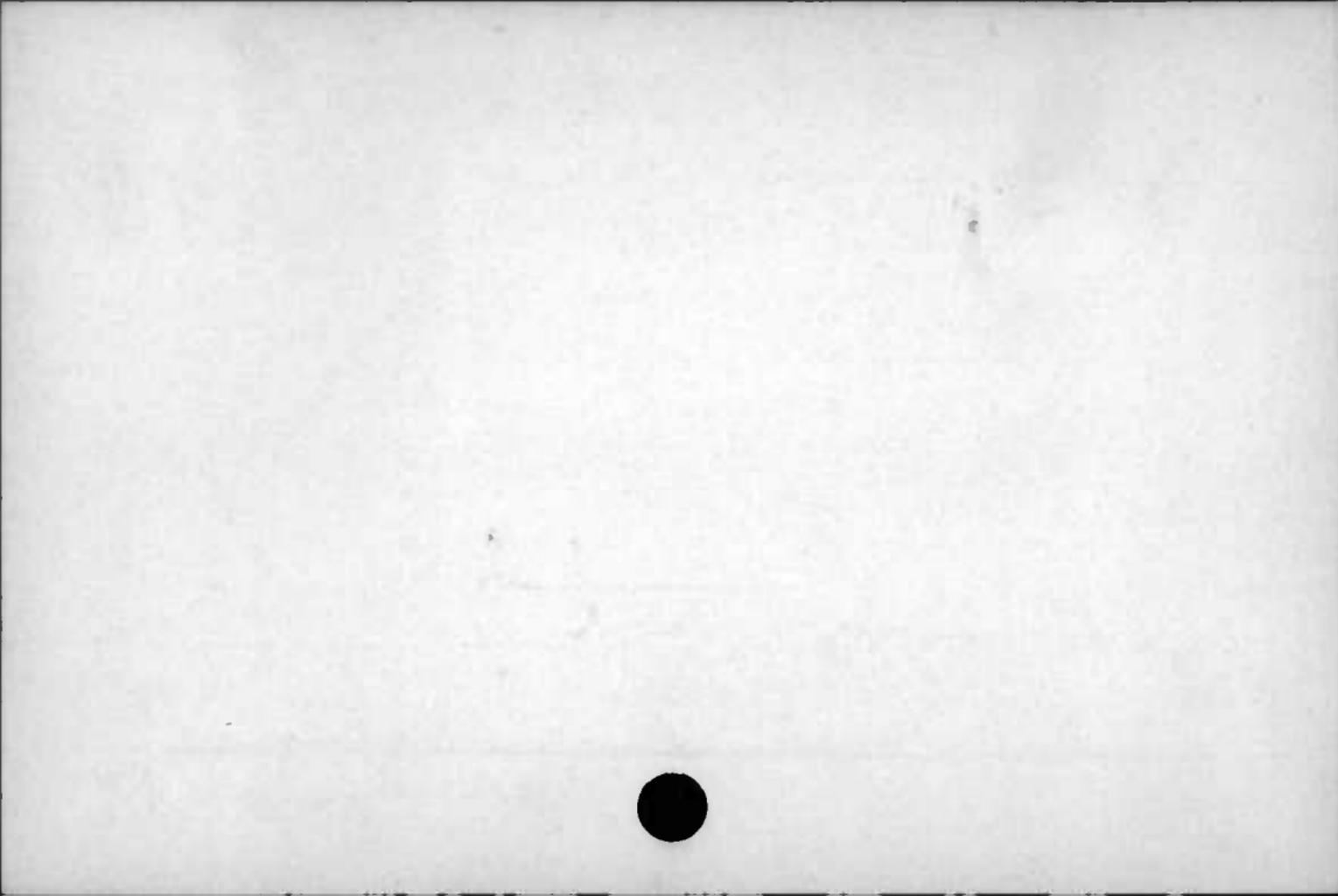
Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	Nov.	6 th	Age	13	14
Sex	Female	Color or Race	Colored	Birth-place	Baltimore City
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	-			
Father's Name	Wm Louey -	Va			
Mother's Maiden Name	Emiley Young -	Va			
Name of person giving information	Marie Hocuelle	Adult			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	2 mos
Immediate	Pneumonia Embaectosis	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C.W. Alley
		Address	

Accident or Suicide?



Name
in
Full

Albert Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Highlandtown	Town	County	Baltimore
Date of death	1905	Month Nov.	Day 16	Years
Age	—	Months 5	Days —	
Sex	Male	Color or Race	white	Birth-place Baltimore, Md.
Occupation	—	Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—	
Father's Name	Frank C. Turner	Father's Birthplace	Md.	
Mother's Maiden Name	Mary M. Bowman	Mother's Birthplace	Md	
Name of person giving Information	Frank C. Turner	How related to deceased	Father.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

13

How long

5 Days

Immediate

Spasms

How long

5 Days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

GW Bernard
1708 E. 30th St.

Accident or Suicide?

Honor De Grace.

Name
in
Full

Mary Brasey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1905	Month 11	Day 9	Age 21	Years	Months	Days
Sex female	Color or Race	White	Occupation	Birth-place	Ireland	
Married, Single or Widowed	Single		Childs nurse			
Name of Wife or Husband						
Father's Name	—			Father's Birthplace	Ireland	
Mother's Maiden Name	—			Mother's Birthplace	Ireland	
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Two years
Immediate	Exhaustion	How long	Two months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Jarrett
yes		Address	Towson, Md
Accident or Suicide?			

W. J. Schaefer

Italy lessos

Name
in
Full

Vincent Montague Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Nov	6	70	7	25
Sex	Color or Race	White			
Occupation	Where Residing if not at place of death				
Builder	Arlington				
Married, Single or Widowed	Name of Wife or Husband	Sarah A. Yatman			
Father's Name	Harman Webb.				
Mother's Maiden Name					
Name of person giving Information	Mrs John Carter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Severe Brights

How long

10 days

Immediate

Inflammatory hives & Peritonitis

How long

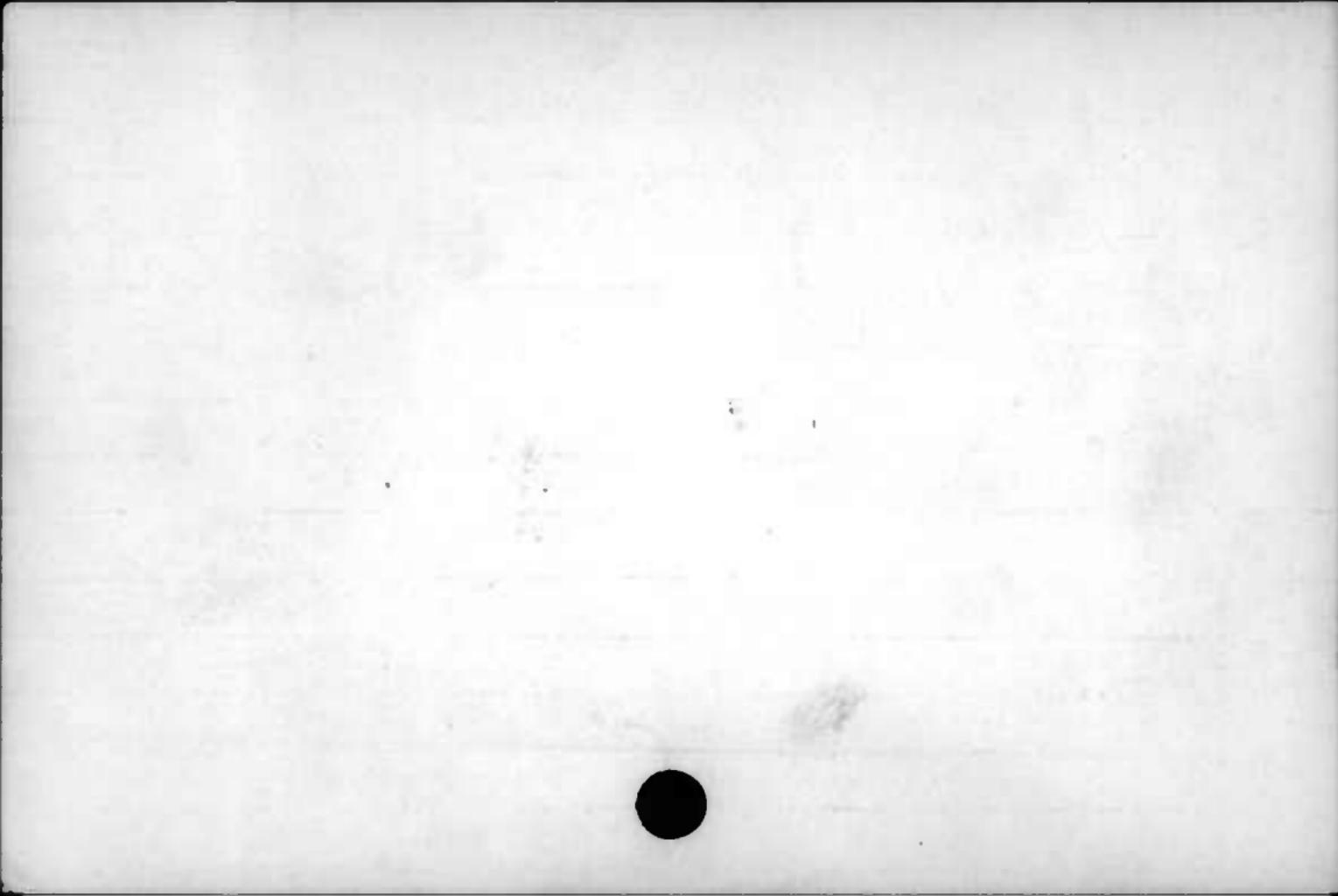
2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Weber
Highlandtown

CERTIFICATE OF DEATH

Died at

Balto.

MARYLAND

Date

5

Month

Day

Years

Months

Days

of death 190

11

10th.

Age 57

10

8

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Saloon Keeper

Where Residing if not
at place of death

Eastern Ave. & 8th.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Anna R. Weber

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Danial Weber

How related
to deceased

Son

CAUSES OF DEATH

Primary

Adhesive Hepatitis

How long

First tract

Immediate

Hydrocephalus

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. Williams
1108 Clarendon

Accident or Suicide?

no

J. HERWIG & SON.

Mt. Carmel Cemetery

Nov. 14th. 1905

Name
in
Full

Henry Heideman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death 1905.	Month	Day	Years	Months	Days	
Sex		Color or Race	Occupation		Birth- place	
Married, Single or Widowed		Single		Labour		
Name of Wife or Husband						
Father's Name		Samuel Heideman.		Father's Birthplace	Maryland	
Mother's Maiden Name		Helen Clay.		Mother's Birthplace	Maryland.	
Name of person giving Information		Frank Heideman.		New related to deceased	Brother.	

CAUSES OF DEATH

Primary

Pyphoid Fever.

How long

Three weeks.

Immediate

Perforation & Hemorrhage.

How long

Never.

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

Dr. W. F. Ward, M.D.
Harrisonville,
Mo.

Accident or Suicide?



Name
in
Full

Rev. J. E. Wheeler D. D.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Alexandria Va
Occupation	Minister		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Wheeler		
Father's Name	Thomas Wheeler		Father's Birthplace	Annapolis Md	
Mother's Maiden Name	Hester Bryant		Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Angina Pectoris

How long

Immediate

1905

How long

Are the name, age, sex, color, date and place correctly given above?

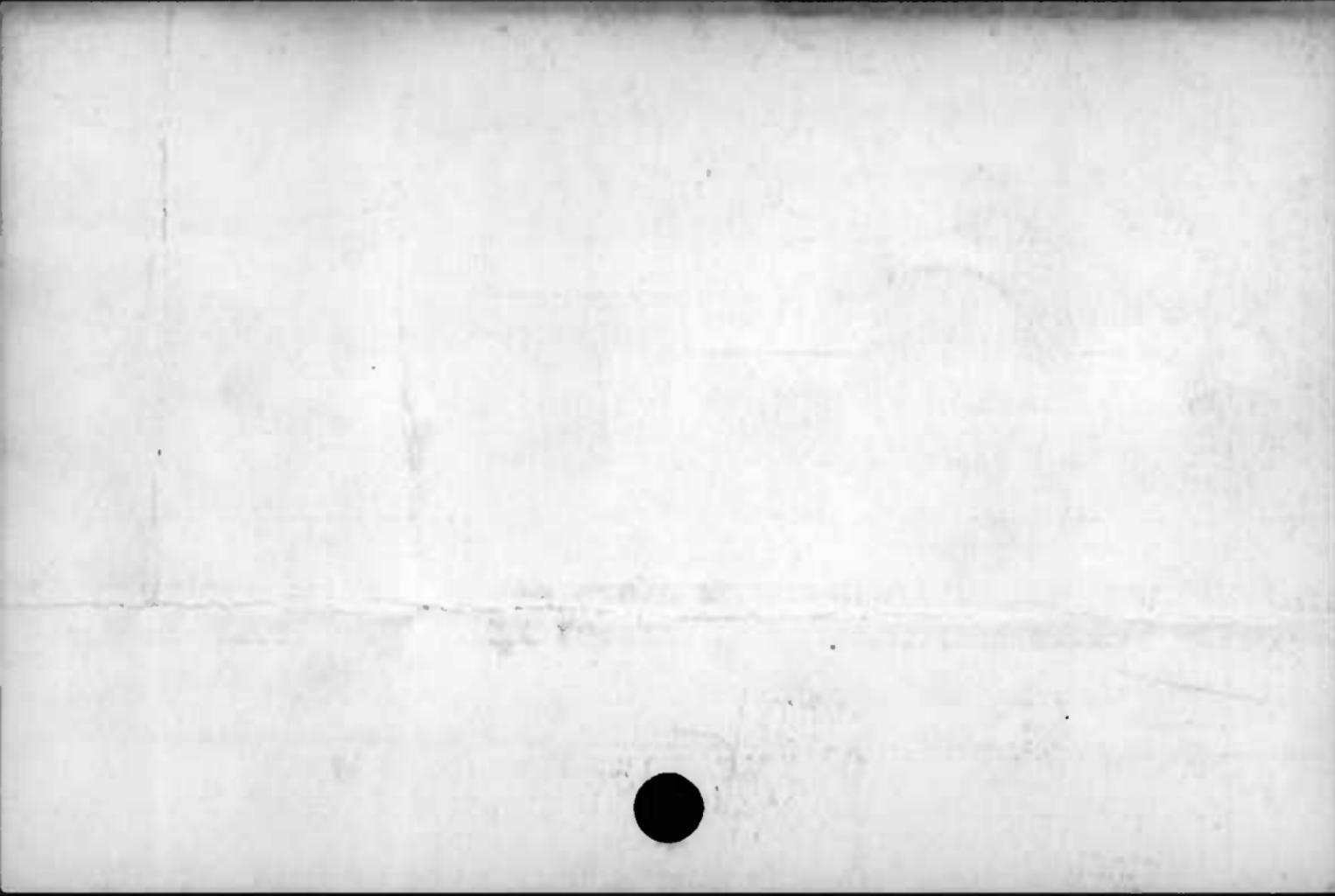
Signature of Physician

R. H. Trells

Address

Harrisonville

Accident or Suicide?



Name
in
Full

Ella Whittington

CERTIFICATE OF DEATH

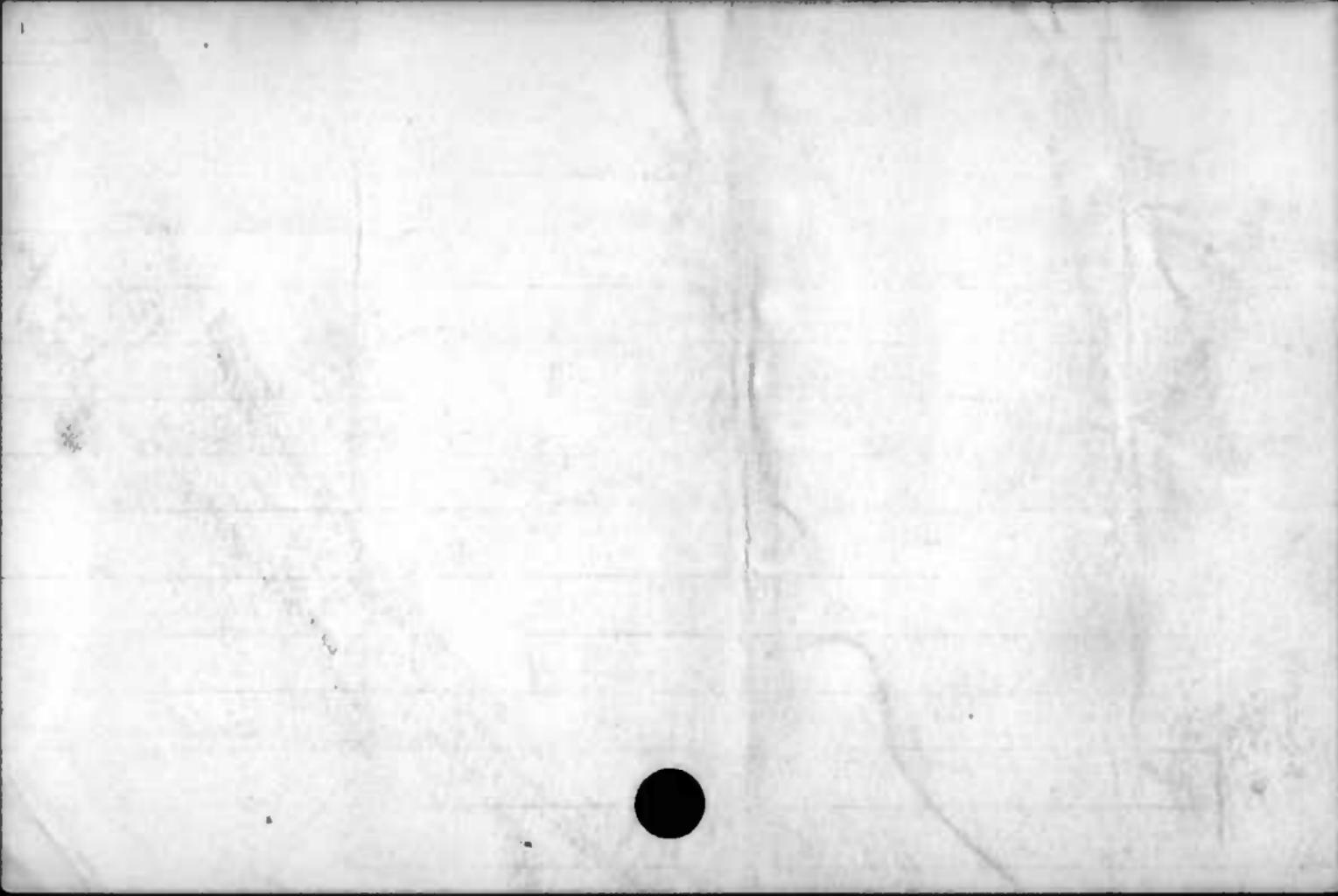
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town McDonna	County Balto	MARYLAND	
Date of death	Month Nov	Day 28	Years Age 38	Months	Days
Sex Female	Color or Race Negro	Birth- place Baltimore			
Occupation Laundress	Where Residing if not at place of death McDonna				
Married, Single or Widowed Married	Name of Wife or Husband George Whittington				
Father's Name George Brown	Father's Birthplace Balto Co				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information James Bailey	How related to deceased Brother in Law				

CAUSES OF DEATH

Primary	Consumption	How long 2 years
Immediate	Exhaustion	How long 1 week
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Address McBlos and Arlington
Accident or Suicide?		



Name
in
Full

Daniel Winder

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Fork	County Balto.	MARYLAND	
Date of death 190	Month Nov	Day 30	Years Age 35	Months Days
Sex male	Color or Race Black	Birth- place Balto. Co.		
Occupation labour	Where Residing if not at place of death Nettie Winder			
Married, Single or Widowed	Name of Wife or Husband Nettie Winder	Father's Name Otney Winder	Father's Birthplace Balto. Co.	
Mother's Maiden Name Fannie Ains	Mother's Birthplace Balto. Co.	How related to deceased Brother		
Name of person giving Information Jahhua Winder				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
accident - fell from wagon instantly

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

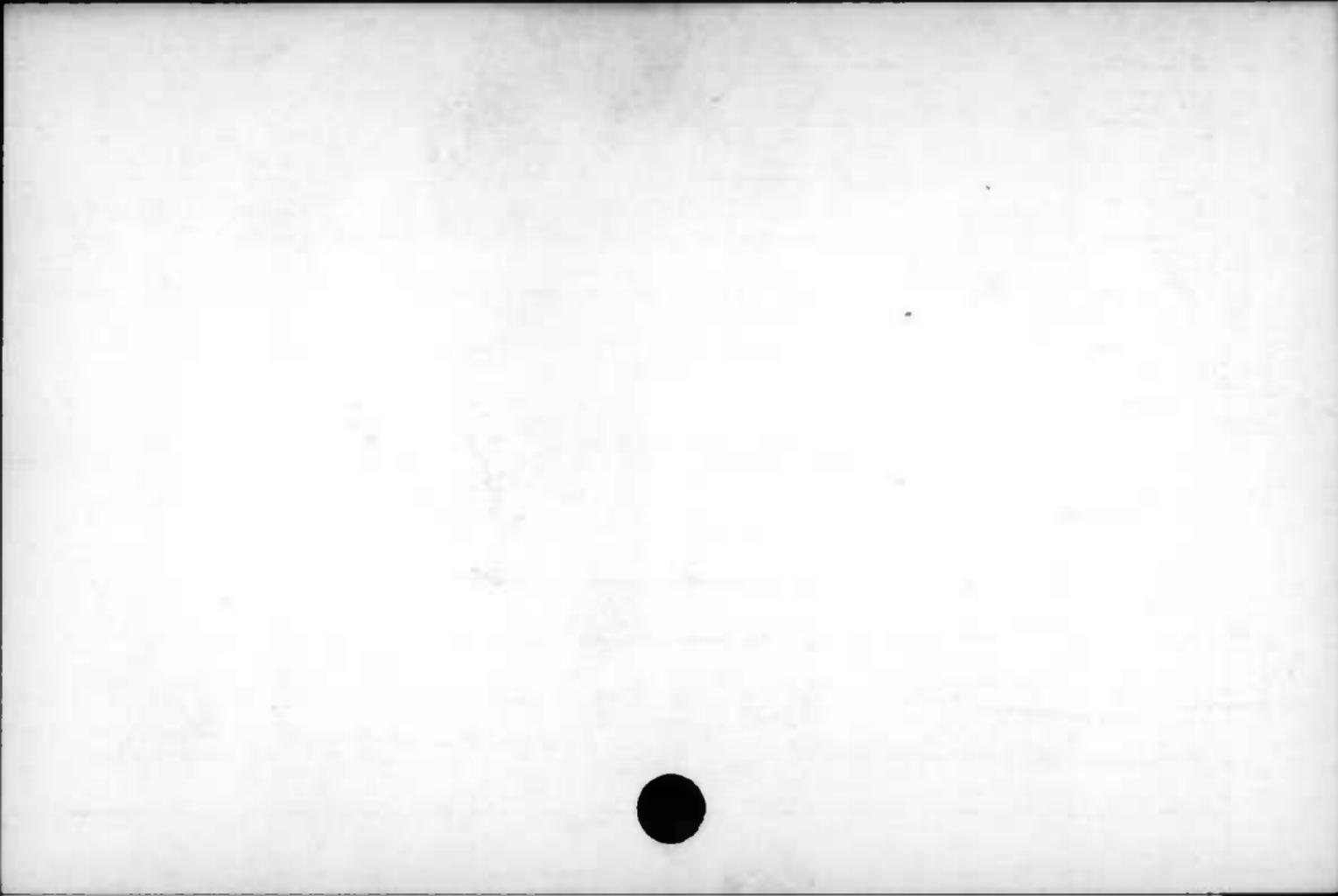
Address

J. F. & Gorsuch

Fork

med -

Accident or Suicide?



Name
in
Full

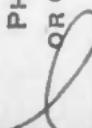
Martha E. Wissner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Buckeyeville				Balto			
Date of death	1905	Month	11	Day	19	Years	80
Age		Months		Days		2	5
Sex	Female	Color or Race	as late	Birth- place	Houcksville		
Married, Single or Widowed		Occupation	Housewife				
Name of Wife or Husband	William Wissner						
Father's Name	George Tailor						
Mother's Maiden Name	Rebecca Alquire						
Name of person giving Information	Chas W Martin						
CAUSES OF DEATH							
Primary	Heart Trouble & Drowsy						
Immediate	Heart Failure						
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. W. R. Marshall,			
			Address	Buckeyeville Ind.			
Accident or Suicide?							

PHYSICIAN
OR CORONER



Name
in
Full

Milton W. Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Beaumaris	County Baltimore	MARYLAND		
Date of death	Month 1905 + Nov	Day 1	Age 1	Years	Months
Sex	male	Color or Race	white	Birth- place	Days
Occupation			Where Residing if not at place of death		
Married, Single or Widowed					
Father's Name	Geo F. Wolfe		Father's Birthplace	Md	
Mother's Maiden Name	Lizzie Perkins		Mother's Birthplace	Md	
Name of person giving Information	Geo F. Wolfe		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery
Aschmeier

How long

1 wks

Immediate

11+

How long

2 x hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

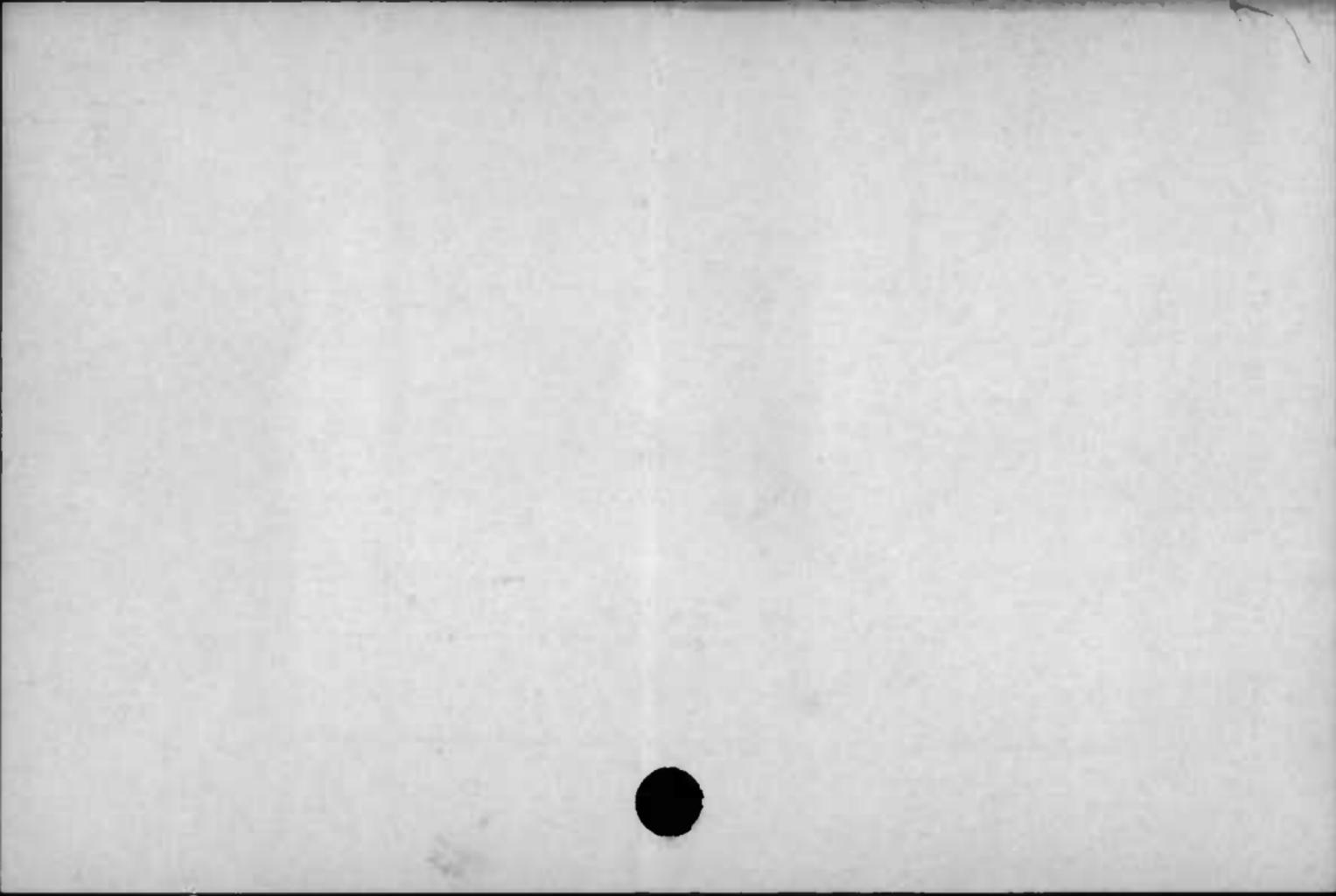
Signature of
Physician

Address

Shadyside Avenue 6
Middle River Md

Accident or Suicide?

No



Name
in
Full

William Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1905	Month 11	Day 27	Age 33	Years 2	Months 2	Days 20
Sex	Male	Color or Race	White		Birth- place	Baltimore	
Occupation	Laborer		Where Residing if not at place of death			C	
Married, Single or Widowed	Single	Name of Wife or Husband	C			C	
Father's Name	Henry Wolf		Father's Birthplace			Germany	
Mother's Maiden Name	Wilhelmina Schenkarr		Mother's Birthplace			Germany	
Name of person giving Information	Henry Wolf		How related to deceased			Father	

CAUSES OF DEATH

Primary

Pneumonia

How long

(93)

three weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

O. L. Long

2429 Fair Ave

Baltimore 7d

Accident or Suicide?

Trinity Cemetery
J. L. Sander 1000

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Mrs. Henry Wright</i>						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
Date of death 1905	Month Nov	Day 22	Years	Age 49	Months 4	Days 17	
Sex Female	Color or Race	Occupation		Birth-place			
Married, Single or Widowed	Married	Henry Wright		Stablersville			
Name of Wife or Husband	W. B. Gudgey		Father's Birthplace			Monkton	
Father's Name	P. A. Stabler		Mother's Birthplace			Stablersville	
Mother's Maiden Name	Stablersville		How related to deceased			Daughter	
Name of person giving information	Mrs. F. T. Finsland						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary tuberculosis

How long

One year

Immediate

Heart failure from weakness

How long

Are the name, age, sex, color, date and place correctly given above?

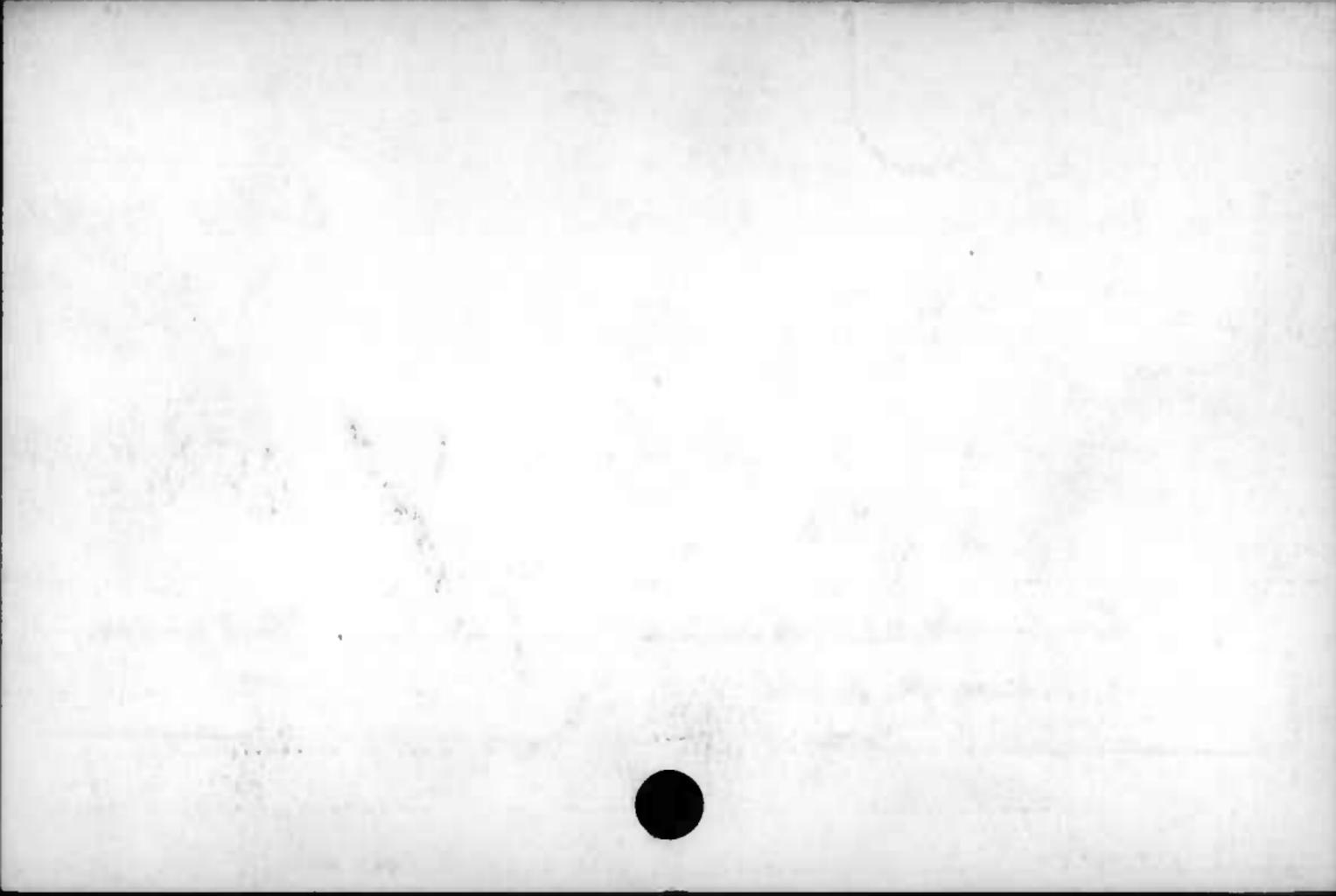
Yes

Signature of Physician

Address

Graves M. Free
Stewartstown Pa

Accident or Suicide?



Name
in
Full

Solomon M. Yoder

CERTIFICATE OF DEATH

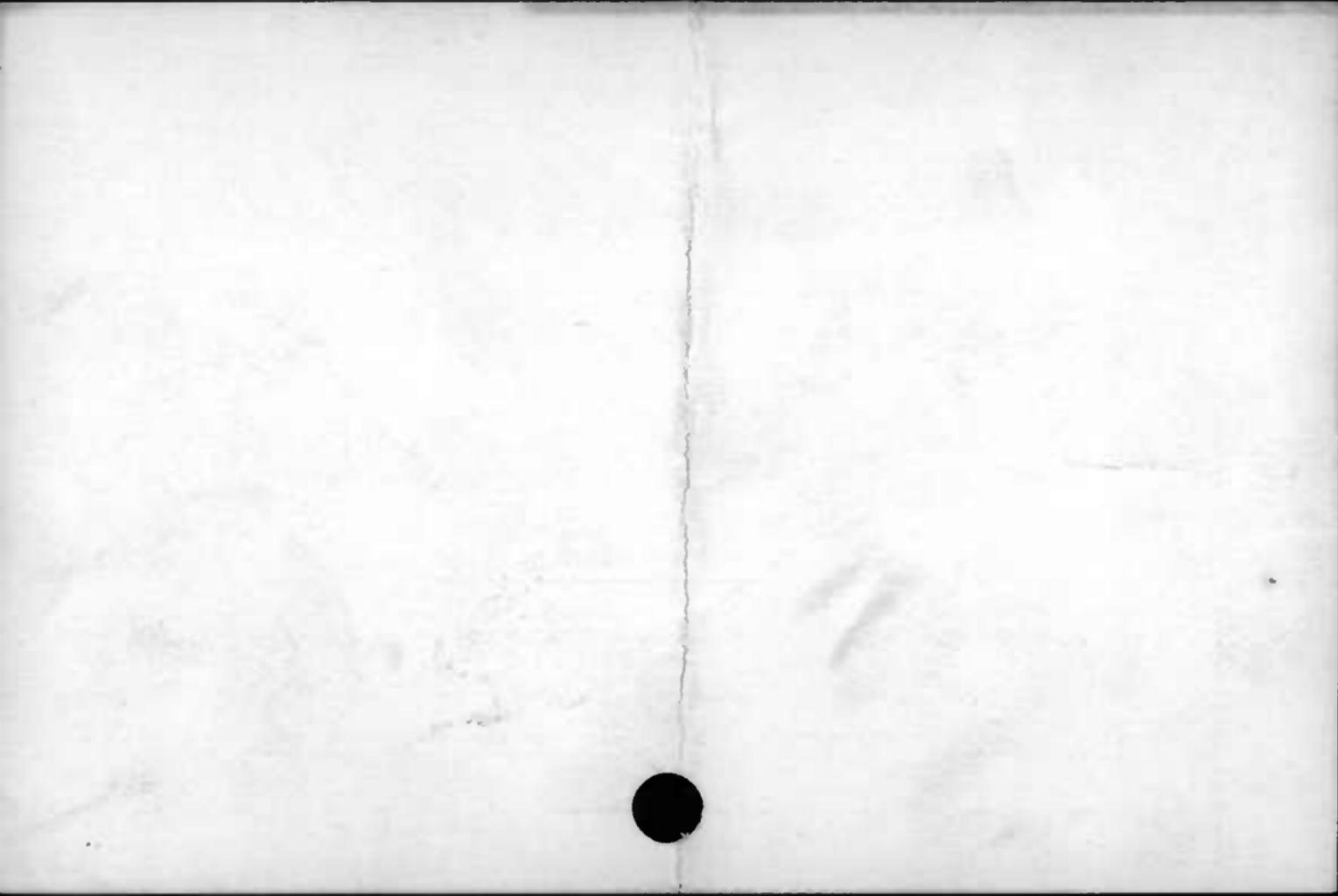
To BE ANSWERED BY
NEAREST FRIEND

Died at	Long ^{Town} Branch		Baltimore ^{County}		MARYLAND	
Date of death	1905	Month Nov	Day 29 th	Years 30	Months 7	Days 13
Sex	Male	Color or Race	White	Birth-place Balto. Co. Md		
Occupation	Farmer		Where Residing if not at place of death	—		
Married, Single or Widowed	Married	Name of Wife or Husband	Eliza W. Francis			
Father's Name	Louis Yoder		Father's Birthplace	Pa		
Mother's Maiden Name	Sarah R. Mash		Mother's Birthplace	Balto. Co. Md		
Name of person giving information	Elizabeth Yoder		How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease		How long	ten years
Immediate	Heart-clot		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Mr. S. Reed, Gittings, Md.	
Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/>		Address		



Name
in
Full

John B York

CERTIFICATE OF DEATH

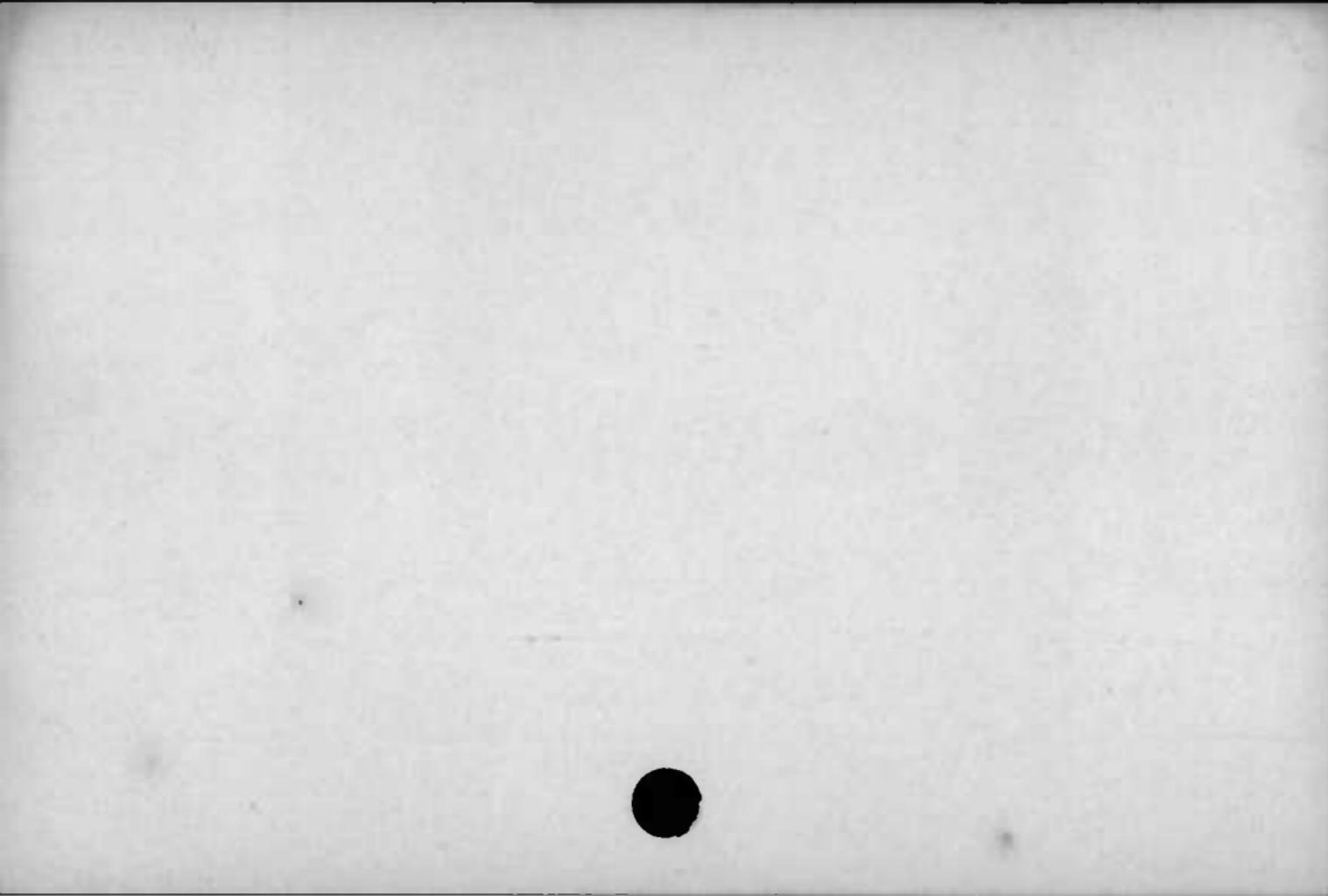
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Nov	Day 24	Years 58	Months 9	Days 18
Sex	male	Color or Race	white		Birth-place	Beauregard
Occupation	Cigar maker		Where Residing if not at place of death		Beauregard	
Married, Single or Widowed	Widower		Name of Wife or Husband			
Father's Name	John York				Father's Birthplace	Deale
Mother's Maiden Name	Mary Ann Hawkins				Mother's Birthplace	Deale
Name of person giving Information	John York				How related to deceased	Brother

CAUSES OF DEATH

Primary	Pneumonia		How long	2x hours
Immediate	Heart Failure		How long	2x hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	John W Harrison M.D.
			Address	3 Middle River Md
Accident or Suicide?		no		

PHYSICIAN
OR CORONER



Name
in
Full

John Ginkand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	town Canton	County Balto.	MARYLAND		
Date of death 190	Month 5 Nov.	Day 2	Years	Months	Days
Sex	Male	Color or Race white	Birth- place Balto.		
Married, Single or Widowed	Single		Occupation		
Name of Wife or Husband					
Father's Name	John Ginkand		Father's Birthplace	Balto.	
Mother's Maiden Name	Ella Witt		Mother's Birthplace	Md.	
Name of person giving Information	John Ginkand		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Asthma

Are the name, age, sex, color, date
and place correctly given above?

490

Signature of
Physician

Address

⑬

How long

10 days

How long

one day

David W. Jones
316 O'Donnell st.

Accident or Suicide?

Ch. Jones



to my best